

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

PRINTED: 03/31/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315224	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 03/04/2020
NAME OF PROVIDER OR SUPPLIER FOREST MANOR HCC			STREET ADDRESS, CITY, STATE, ZIP CODE 145 STATE PARK ROAD HOPE, NJ 07844		
(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 C #: NJ: 111064, 115261, 117486, 117619 124933, 120714, 128828, 130505 131376 Census: 100 Sample Size: 15	F 000			
F 658 SS=E	Services Provided Meet Professional Standards CFR(s): 483.21(b)(3)(i) §483.21(b)(3) Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (i) Meet professional standards of quality. This REQUIREMENT is not met as evidenced by: C#: NJ# 00130505, NJ00120714 Based on interviews, and record review, as well as review of pertinent facility documents on 2/27/20, 2/28/20, 3/2/20, 3/3/20, and 3/4/20 it was determined that the facility failed to administer medications and [REDACTED] treatments according to physician's order for 2 of 3 Residents (Residents #1 and #4) reviewed for medication administration and [REDACTED] treatment. This deficient practice is evidenced by the following: 1. According to the "Admission Record (AR)" form, Resident #4 was admitted to the facility with diagnoses that included but were not limited to: [REDACTED]	F 658	1)Resident #4 was discharged from the facility on [REDACTED], prior to this survey. Resident #1 [REDACTED] care orders were reviewed and clarified on 3/24/2020. 2)All Residents Medication Administration Records and Treatment Administration Records were reviewed to ensure that no other residents were affected by the deficient practice. 3)The facility policies on Medication Administration have been reviewed and updated. The DON or designee will re-educate all nurses on med pass responsibilities and the Medication Administration policy. Weekly audits will be conducted by the unit managers to ensure that Medication Administration Records (MAR) and the Treatment Administration	3/27/20	

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

TITLE

(X6) DATE

Electronically Signed

03/24/2020

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>██████████</p> <p>According to the Minimum Data Set (MDS), an assessment tool, dated ██████████ Resident #4 had moderate cognitive impairment and required extensive assistance from staff with Activities of Daily Living (ADLs).</p> <p>The Care Plan (CP) initiated on 10/25/19 showed that the Resident had a diagnosis of ██████████ Intervention included but was not limited to: ██████████</p> <p>The "Physician's Order (PO)" form dated 10/2019 showed that Resident #4 had the following orders but not limited to: ██████████</p> <p>██████████ four (4) times a day (9:00 am, 1:00 pm, 5:00pm and 9:00 pm);</p> <p>██████████ once a day (9:00 am);</p> <p>██████████ take 1 ██████████ 4 times a day (9:00 am, 1:00 pm, 5:00 pm and 9:00 pm);</p> <p>██████████ take ██████████ 4 times a day (9:00 am, 1:00 pm, 5:00pm and 9:00 pm);</p> <p>██████████ with meals and in the evening for</p> <p>██████████ daily at 6:00 am for ██████████</p> <p>██████████ twice a day for ██████████</p> <p>The "Routine Medications (RM)" form for 10/2019 showed the aforementioned orders.</p>	F 658	<p>Records (TAR) are completed. Progressive disciplinary actions of nurses who fail to document according to policy will be completed by the Director of Nursing or her designee.</p> <p>4) Audit results will be submitted to the QAPI committee quarterly.</p>	

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F 658	<p>Continued From page 2</p> <p>The RM further showed that on 10/25/19 at 5:00 pm and 9:00 pm, the nursing staff failed to document to indicate that the [REDACTED] were administered; on 10/25/19 at 9:00 am the nursing staff failed to document to indicate that the [REDACTED] was administered; on 10/25/19 at 6:30 am nursing staff failed to document the administration of [REDACTED]; on 10/25/10 at 6:00 am the nursing staff failed to document to indicate for the administration of [REDACTED] tablet; on 10/25/19 at 6:00 am and 5:00 pm the nursing staff failed to document the administration of [REDACTED].</p> <p>Resident #4's "Nurse's Notes (NN)" for 10/19 showed that there was no documentation to indicate that the Resident was administered the aforementioned medications at the aforementioned dates and times.</p> <p>The NN dated [REDACTED] showed that the Resident was inquiring about his/her medications on [REDACTED] was experiencing [REDACTED] and was sent to an Acute Care Hospital (ACH) for evaluation on [REDACTED].</p> <p>The ACH "INTER-FACILITY TRANSFER AFTER VISIT SUMMARY (IFTAVS)" showed that Resident #4 was admitted to the ACH on [REDACTED]. The "DETAILS OF HOSPITAL STAY" showed that the Resident was admitted to the ACH due to the [REDACTED].</p> <p>The form "Order Status (OS)" showed that the above medications were dispensed and delivered to the facility on [REDACTED] at 12:00 midnight.</p>	F 658		

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F 658	Continued From page 3 The surveyor conducted an interview with Licensed Practical Nurse (LPN #3, primary LPN for Resident #4 from 10/24/19 at 11:00 pm to 10/25/19 at 7:00 am) on 3/4/20 at 9:40 am. The LPN revealed that she always signed the RM right after administering medication. She further revealed that if she did not sign on the RM, it meant that she did not administer the medications. The surveyor conducted an interview with LPN #4 (primary LPN for Resident #4 on 10/25/19 during 3:00 pm to 11:00 pm shift and on 10/25/19 from 11:00 pm to 10/26/19 to 7:00 am) on 3/4/20 at 11:55 am. The LPN revealed that she wrote the NN dated 10/25/19 and that the correct date should have been 10/26/19. She further revealed that if she did not sign the RM, it meant that she did not administer the medication. She stated that she did not document on the RM on 10/25/19 during 3:00 pm to 11:00 pm shift for Resident #4's medications because the aforementioned medications were not available. The surveyor conducted an interview with Assistant Director of Nursing (ADON) on 3/4/20 at 12:19 pm. The ADON revealed that when there was no signature on RM indicating that a medication was administered, it meant that the medication was not administered. The surveyor conducted an interview with Director of Nursing (DON) on 3/4/20 at 9:27 am. The DON revealed that when there was no signature on the RM it meant that the medication was not administered. 2. According to the AR form Resident #1 was	F 658			

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F 658	<p>Continued From page 4</p> <p>admitted to the facility with diagnoses that included but were not limited to: [REDACTED].</p> <p>According to the MDS dated [REDACTED], showed that Resident #1's [REDACTED].</p> <p>The Care Plan initiated on 9/25/19 and revised on 10/12/19 showed that the Resident had [REDACTED] on the following that included but were not limited to: [REDACTED].</p> <p>The PO showed the following orders:</p> <p>[REDACTED]</p> <p>On 1/20/20 at 1:30 pm [REDACTED]</p> <p>[REDACTED]</p> <p>On 2/15/20 at 10:30 am the aforementioned order was discontinued, the new order was to [REDACTED]</p> <p>On 2/22/20 the aforementioned order was discontinued, the new order was to apply [REDACTED]</p>	F 658		

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F 658	<p>Continued From page 5</p> <p>[REDACTED]</p> <p>The "ROUTINE TREATMENTS (RT)" for the month of 2/2020 showed the aforementioned orders. However, there was no documentation to indicate that the [REDACTED] were administered for the following dates and time: On 2/5/20, 2/7/20, 2/10/20, 2/12/20, and 2/23/20 on the 7:00 to 3:00 shift.</p> <p>[REDACTED]</p> <p>On 2/15/20 at 10:30 am [REDACTED]</p> <p>[REDACTED]</p> <p>The RT for the month of 2/2020 showed the aforementioned orders. However, there was no documentation to indicate that the [REDACTED] treatments were administered for the following dates and time:</p> <p>On 2/5/20, 2/10/20, and 2/23/20 on the 7:00 to 3:00 shift.</p> <p>[REDACTED]</p> <p>On 2/10/20 [REDACTED]</p> <p>[REDACTED]</p> <p>The RT for the month of 2/2020 showed the aforementioned orders. However, there was no documentation to indicate that the [REDACTED] treatments were administered for the following dates and time:</p>	F 658			

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F 658	<p>Continued From page 6</p> <p>On 2/10/20 and 2/23/20 on the 7:00 to 3:00 shift.</p> <p>On 2/22/20 apply</p> <p>The RT for the month of 2/2020 showed the aforementioned orders. However, there was no documentation to indicate that the treatment was administered for the following date and time: On 2/23/20 on the 7:00 to 3:00 shift.</p> <p>The "Progress Notes (PN)" for the month of 2/2020 showed that there was no documentation that the treatment was administered on the aforementioned date and shift.</p> <p>The surveyor conducted an interview with the Assistant Director of Nursing (ADON) on 3/4/20 at 12:15 pm. The ADON stated that it was the nurse's responsibility to document on the resident's nurse's notes and the RT that the treatment was administered. She further stated that if the treatment was not documented it meant it was not done.</p> <p>The facility's policy titled "Medication Administration Errors Policy and Procedure" revised 1/20 showed that: "...POLICY...Types of errors include: a. Omission..."</p> <p>The facility's policy entitled "Medication Administration Policy and Procedure" revised 6/19 showed that: "...Policy Interpretation and Implementation...3. Medications must be administered in accordance with the orders, including any required time frame...13. The</p>	F 658			

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F 658	Continued From page 7 individual administering the medication must initial the resident's MAR [Medication Administration Record] on the appropriate line after giving each medication and before administering the next ones...16. If drug is withheld, refused, or given at the time other than the scheduled time, the individual administering the medication shall initial and circle the MAR space provided for that drug and dose...18. If a medication is unavailable the pharmacy will be contacted for the medication to be received on the next scheduled delivery. The primary MD [Medical Doctor] will be notified of the unavailable medication and orders obtained as needed..."	F 658			
F 687 SS=D	NJAC 8:39-29.2 (d) Foot Care CFR(s): 483.25(b)(2)(i)(ii) §483.25(b)(2) Foot care. To ensure that residents receive proper treatment and care to maintain mobility and good foot health, the facility must: (i) Provide foot care and treatment, in accordance with professional standards of practice, including to prevent complications from the resident's medical condition(s) and (ii) If necessary, assist the resident in making appointments with a qualified person, and arranging for transportation to and from such appointments. This REQUIREMENT is not met as evidenced by: C #: NJ: 117486, 111064, 120714, 124933, 128828 Based on observation, interviews, and record review, as well as review of pertinent facility	F 687	1)Resident #8 was seen by the [REDACTED] on [REDACTED]. 2)An audit was conducted to ensure that all residents have been seen by the	3/27/20	

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F 687	<p>Continued From page 8</p> <p>documents on 2/27/20, 2/28/20, 3/2/20, 3/3/20 and 3/4/20, it was determined that the facility failed to ensure [REDACTED] was received for 1 of 3 residents (Resident #8) observed for resident's care. This deficient practice is evidenced by the following:</p> <p>1. According to the "Admission Record (AR)" form Resident #8 was admitted to the facility with diagnosis that included but was not limited to: [REDACTED].</p> <p>According to the Minimum Data Set (MDS), an assessment tool, dated [REDACTED], Resident #8 was [REDACTED]</p> <p>The Care Plan (CP) for Resident #8, initiated on 10/29/19 showed that the Resident had [REDACTED] Interventions included but were not limited to: refer to [REDACTED], nurse to monitor, document [REDACTED] needs and to [REDACTED]</p> <p>The CP for Resident #8, initiated on 10/29/19 showed that the Resident had an Activity of Daily Living (ADL) self care performance deficit related to Activity Intolerance. Interventions included but were not limited to: during bathing check [REDACTED] and clean on bath days and as necessary.</p> <p>On 2/27/20 at 9:30 am, the surveyor observed Resident #8 was sitting in the recliner chair. Resident #8 stated he/she was having [REDACTED]</p> <p>[REDACTED] The surveyor observed Resident #8's [REDACTED]</p>	F 687	<p>[REDACTED] within the last 3 months.</p> <p>3)Policy on [REDACTED] was reviewed and revised. Nursing staff were re-in serviced on the foot care policy. Audits will be conducted quarterly to ensure residents are seen by [REDACTED] quarterly & that issues with [REDACTED] are noted on the CNA shower documentation. The unit clerk or designee will maintain the list for the [REDACTED] visits on each unit and compile for the [REDACTED] prior to his/her monthly visits.</p> <p>4)The results of the audits will be reviewed at the quarterly Quality Assurance Performance Improvement meeting to ensure compliance and to identify any trends or patterns requiring further corrective actions.</p>		

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F 687	<p>Continued From page 9</p> <p>██████████. Resident #8 stated that the staff knew about his/her ██████████ since admission to the facility. However, no staff or ██████████.</p> <p>The "Physician's Order (PO)" dated 10/2019 to 2/2020 showed an order for the following but was not limited to: ██████████ consult as needed. Furthermore, the PO dated 3/2/20 showed an order for the ██████████ consult, with diagnosis of ██████████.</p> <p>Attached to the form ██████████" showed a list of the residents for ██████████ consult dated 8/13/19 to 12/27/19. However, Resident #8 was not on the list since his/her admission on 1/██████████. Furthermore, the list dated 1/14/20 to 2/24/20 showed that Resident #8 was not added to the list until 2/17/20 for the ██████████ consult. However, up to the time of survey on 2/27/20 to 3/4/20, Resident #8 had not seen the ██████████ to ██████████.</p> <p>In addition, Resident #8's medical record showed no documentation to indicate that the Resident was seen by the ██████████ since admission (10/28/19) or the staff ██████████ the Resident's ██████████.</p> <p>During a follow-up interview with Resident #8 on 2/28/20 at 11:00 am, the Resident stated that he/she requested to see the ██████████ since the day of the admission ██████████. The staff would tell him/her that they would add Resident #8 on the list to be seen by the ██████████. However, no ██████████ came to see the Resident. The Resident stated he/she could not ██████████ alone because of the ██████████ could injure his/her ██████████.</p>	F 687			

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F 687	Continued From page 10 The surveyor conducted an interview with the Certified Nurse Assistant (CNA #1, assigned CNA for Resident #8) on 2/28/20 at 12:19 pm. The CNA stated that he knew that Resident #8 had [REDACTED] nails, and he reported it to the Unit Manager (UM #1). He stated that Resident #8's [REDACTED] had not been [REDACTED] since the Resident's admission to the facility. The surveyor conducted an interview with the Unit Manager (UM #1) on 3/3/20 at 10:29 am. UM #1 stated that CNAs and nurses were not allowed to [REDACTED] residents' [REDACTED] Residents who needed their [REDACTED] would be put on the list located at the Receptionist desk. The nurse would call the Receptionist, to add the resident's name on the list for the [REDACTED] consult. The UM revealed that the facility had a new [REDACTED] since 1/2020. The UM stated that the last time she recalled the new [REDACTED] came to the facility was 2/4/20. The UM was unable to explain why Resident #8 was not on the list to be seen by the [REDACTED] since his/her admission. The UM went on to state that she could not recall if she made a request to add Resident #8 on the list for the [REDACTED] consult. The UM was aware that Resident #8 needed the [REDACTED] consult because the Resident's [REDACTED] The surveyor conducted an interview with the Director of Nursing (DON) on 3/3/20 at 12:06 pm. The surveyor mentioned Resident #8's [REDACTED] (as described above). The DON stated that Resident #8 needed to be on the list for the [REDACTED] consult. However, she could not explain why the Resident was not on the list since the	F 687			

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F 687	Continued From page 11 Resident's admission to ensure that the Resident received proper treatment and [REDACTED] Receptionist #1 and #2 were not available for an interview with the surveyor on 3/9/20 at 1:00 pm and 1:10 pm. The facility's policy titled [REDACTED] Policy and Procedure" dated 1/2020 showed "PURPOSE: To ensure the facility has a program to maintain optimal [REDACTED] hygiene for the residents...PROCEDURE/GUIDELINES:...6. Any abnormalities are to be reported to the physician for immediate treatment. 7. Residents will be referred to [REDACTED] for any abnormalities and routine care as per state guidelines."	F 687		
F 725 SS=D	NJAC 8:39-27.1(a) NJAC 8:39-27.2(g) Sufficient Nursing Staff CFR(s): 483.35(a)(1)(2) §483.35(a) Sufficient Staff. The facility must have sufficient nursing staff with the appropriate competencies and skills sets to provide nursing and related services to assure resident safety and attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care and considering the number, acuity and diagnoses of the facility's resident population in accordance with the facility assessment required at §483.70(e). §483.35(a)(1) The facility must provide services by sufficient numbers of each of the following	F 725		3/27/20

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NAME OF PROVIDER OR SUPPLIER FOREST MANOR HCC			STREET ADDRESS, CITY, STATE, ZIP CODE 145 STATE PARK ROAD HOPE, NJ 07844	
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F 725	<p>Continued From page 12</p> <p>types of personnel on a 24-hour basis to provide nursing care to all residents in accordance with resident care plans:</p> <p>(i) Except when waived under paragraph (e) of this section, licensed nurses; and</p> <p>(ii) Other nursing personnel, including but not limited to nurse aides.</p> <p>§483.35(a)(2) Except when waived under paragraph (e) of this section, the facility must designate a licensed nurse to serve as a charge nurse on each tour of duty.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>C#: NJ: 117486, 111064, 120714, 124933, 128828</p> <p>Based on observations, interviews, and record review, as well as review of pertinent facility documents on 2/27/20, 2/28/20, 3/2/20, 3/3/20, and 3/4/20 it was determined that the facility failed to ensure there was adequate staffing to provide for the needs of residents for 3 of 6 Residents (Resident #5, #6, and #14) observed for nursing care. This deficient practice is evidenced by the following:</p> <p>1. According to the "ADMISSION RECORD (AR)" form, Resident #14 was admitted to the facility with diagnosis that included but was not limited to [REDACTED]</p> <p>According to the Minimum Data Set (MDS), an assessment tool, dated [REDACTED], Resident #14 was [REDACTED]</p>	F 725	<p>1)Resident #14 was given [REDACTED] and repositioned. Resident #6 was given [REDACTED] and repositioned. Resident #5 was given [REDACTED] and repositioned</p> <p>2)The facility recognizes that all residents have the potential to be affected by this deficient practice. The staffing coordinator will continue to track attendance of the nursing staff daily. The disciplinary process will be followed for those that are out of compliance. The facility will track and log all results of the facility recruitment and retention efforts. The facility is monitoring acuity and nursing staffing hours daily. Nursing overtime shifts, bonus shifts, agency shifts and per diem shifts are being utilized when needed to maintain the required hours. The facility continues to</p>	

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F 725	<p>Continued From page 13</p> <p>The Care Plan (CP) initiated on 7/22/19 showed that the Resident had an alteration in ADL self-care performance. Intervention included but was not limited to: Provide 1 staff assist with transfers, bathing, hygiene and dressing.</p> <p>During the tour with the Assistant Director of Nursing (ADON) on 2/28/20 at 10:20 am. The ADON stated that Residents census on the [REDACTED], unit that Resident #5, Resident #6 and Resident # 14 resided on) on 2/28/20 was 27.</p> <p>The "NURSING Daily Attendance Report" dated 2/28/20 showed that there was only one (1) Certified Nursing Assistant (CNA #1) scheduled to work on the 7:00-3:00 pm shift.</p> <p>The surveyor conducted an incontinence observation with the ADON and Licensed Practical Nurse (LPN #4, the primary LPN on the SU on 2/28/20 during the day shift) on 2/28/20 at 10:30 am. The surveyor observed Resident #14 was still in bed. The surveyor, the ADON, and LPN #4 observed Resident #14 was wearing 2 incontinent briefs, and the first incontinent brief was soiled with moderate amount of urine. LPN #4 stated that she smelled a strong urine odor as soon as she opened Resident #14's incontinent briefs. Then the ADON and LPN #4 performed incontinence care and repositioned Resident #14 in bed for comfort.</p> <p>The surveyor attempted to interview Resident #14 on 2/28/20 at 10:46 am. However, Resident #14 was unable to respond to the surveyor.</p> <p>CNA #3 (CNA assigned to Resident #14 on 2/27/20 during the night shift) was not available</p>	F 725	<p>aggressively recruit, hire and retain nursing staff.</p> <p>3)Staffing Coordinator job description was reviewed and revised. Nursing staff has been re- educated on the facility attendance policy and the disciplinary process that follows. Daily staffing meetings (Monday – Friday) with Staffing Coordinator, Director of Nursing/designee and Administrator will review schedules, staffing needs and recruitment efforts. The Administrator or their designee will review/audit staff requirement and retention results weekly in an effort to maintain staffing levels.</p> <p>4)The results of the audits will be reviewed at the quarterly Quality Assurance Performance Improvement meeting to ensure compliance and to identify any trends or patterns requiring further corrective actions.</p>		

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

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F 725	<p>Continued From page 14 for an interview on 3/9/20 at 11:08 am with the surveyor.</p> <p>2. According to the AR form, Resident #6 was admitted to the facility with diagnosis that included but was not limited to [REDACTED].</p> <p>The "RESIDENT-DATA COLLECTION (RDC)" dated 2/25/20 showed that the Resident required one staff assist with transfers and ambulation. The RDC further showed that the Resident was alert, cooperative, quick to comprehend and oriented.</p> <p>The Care Plan (CP) initiated on 2/25/20 showed that the Resident had an alteration in ADL self-care performance. Intervention included but was not limited to: Provide 1 staff assist with transfers, bathing, hygiene and dressing.</p> <p>The CP initiated on 2/25/20 showed that the Resident had a potential for skin impairment due to immobility. Interventions included but were not limited to: follow facility policy/protocol for the prevention/treatment of [REDACTED] as ordered.</p> <p>During the tour on 2/28/20 at 11:59 am the surveyor observed Resident #6 still in bed and the Resident's incontinent brief was moderately soiled with urine.</p> <p>The surveyor conducted an interview with Resident #6 on 3/2/20 at 10:22 am. The Resident stated that on 2/28/20 during the day shift there was only 1 CNA on the unit assigned to assist the Residents. Resident #6 further stated that he/she was cleaned up for the first time at 12:39 pm, even though he/she had been asking for</p>	F 725			

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F 725	<p>Continued From page 15 assistance throughout the shift numerous times.</p> <p>3. According to the AR form, Resident #5 was admitted to the facility with diagnosis that included but was not limited to: [REDACTED]</p> <p>According to the MDS, an assessment tool, dated [REDACTED], Resident #5 had [REDACTED]</p> <p>The Care Plan (CP) initiated on 5/13/19 showed that the Resident had an alteration in ADL self-care performance. Intervention included but was not limited to: Provide two (2) staff assist with transfers and one (1) staff assist with bathing, hygiene and dressing.</p> <p>The CP initiated on 5/13/19 showed that the Resident had a potential for skin impairment due to immobility. Interventions included but were not limited to: follow facility protocol for the prevention of [REDACTED]</p> <p>During the tour on 2/28/20 at 1:35 pm, the surveyor observed Resident #5 was still in bed and the Resident's diaper was moderately soiled with urine.</p> <p>The surveyor conducted an interview with Resident #5 on 3/2/20 at 10:14 am. The Resident stated that on 2/28/20 during the day shift there was only one (1) CNA on the [REDACTED] assigned to assist/provide the residents. The Resident further stated that he/she was cleaned up for the first time at 1:50 pm on 2/28/20. The</p>	F 725			

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F 725	<p>Continued From page 16</p> <p>Resident revealed that he/she had been asking for help with changing the incontinent brief numerous times throughout the shift.</p> <p>The surveyor conducted an interview with the Certified Nursing Assistant (CNA #2, the primary CNA on the [REDACTED] on 2/28/20 during the day shift) on 2/28/20 at 1:03 pm. The CNA revealed that she was the only scheduled CNA to work on the [REDACTED] on 2/28/20 during the day shift and that she was expected to take care of 27 Residents. She further revealed that she was responsible for morning care and incontinence rounds for all 27 Residents as well as assisting with feeding for Residents who required it. She revealed that she was unable to complete the incontinence rounds every two hours in accordance with nursing standards of care and protocol. She further revealed that she could only do the rounds one time since 7:00 am. She stated that at this time (1:03 pm) some Residents were still in bed and not washed as she was unable to get to the residents as expected.</p> <p>The surveyor conducted an interview with Staffing Coordinator (SC) on 2/28/20 at 1:30 pm. She revealed that on 2/28/20 there was only one CNA scheduled to work on the [REDACTED] during the day shift. She further revealed that there should be 2 to 3 CNAs working on that unit during the day shift. She stated that the [REDACTED] was short staffed on 2/28/20.</p> <p>The surveyor conducted an interview with Licensed Practical Nurse (LPN #2, the primary LPN on the [REDACTED] on 2/28/20 during the day shift) on 3/2/20 at 11:44 am. The LPN revealed that [REDACTED] was short staffed on 2/28/20. She further revealed that there was only one CNA scheduled</p>	F 725			

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F 725	<p>Continued From page 17</p> <p>to work during the day shift and was expected to take care of 27 Residents. She stated that because of short staffing, the CNA was very limited with the amount of care she was able to provide to Residents, even with the LPN and other facility staff help. She revealed that Resident were not toileted as often as needed and were not turned and repositioned as often as needed which was at least every 2 hours. She further revealed that that skin breakdown could occur if Residents were not toileted and turned and repositioned every 2 hours.</p> <p>The undated facility's job description titled "Nursing Department Staffing Coordinator Job Description" showed "General Purpose: The primary purpose of your job position is to ensure adequate and appropriate staffing of the facility nursing department to meet the needs of the residents..."</p> <p>NJAC 8:39-27.1(a)</p>	F 725			

New Jersey Department of Health

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S 000	Initial Comments C #: NJ: 111064, 117486, 120714, 124933, 128828 Census: 100 Sample Size: 15	S 000		
S1685	8:39-25.2(b)(2) Mandatory Nurse Staffing (b) The facility shall provide nursing services by registered professional nurses, licensed practical nurses, and nurse aides (the hours of the director of nursing are not included in this computation, except for the direct care hours of the director of nursing in facilities where the director of nursing provides more than the minimum hours required at N.J.A.C. 8:39-25.1(a) above) on the basis of: 2. Total number of residents receiving each service listed below, multiplied by the corresponding number of hours per day: Wound care 0.75 hour/day Nasogastric tube feedings and/or gastrostomy 1.00 hour/day Oxygen therapy 0.75 hour/day Tracheostomy 1.25 hours/day Intravenous therapy 1.50 hours/day Use of respirator 1.25 hours/day Head trauma stimulation/advanced neuromuscular/orthopedic care 1.50 hours/day	S1685		3/27/20

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

TITLE

(X6) DATE
03/24/20

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 062103	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/04/2020
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S1685	<p>Continued From page 1</p> <p>This REQUIREMENT is not met as evidenced by: C #: NJ: 111064, 117486, 120714, 124933, 128828</p> <p>Based on interviews and review of the Nurse Staffing Reports for the weeks of 2/16/20 and 2/23/20, it was determined that the facility failed to provide at least minimum staffing levels for 2 of 14 days. This required staffing hours and actual staffing hours are as follows:</p> <p>For the week of 2/16/20 Required Staffing Hours: 266.50</p> <table border="1"> <thead> <tr> <th>Date</th> <th>Actual Staffing Hours</th> <th>Difference</th> </tr> </thead> <tbody> <tr> <td>2/22/20</td> <td>243.2</td> <td>-23.30</td> </tr> </tbody> </table> <p>For the week of 2/23/20 Required Staffing Hours: 267.75</p> <table border="1"> <thead> <tr> <th>Date</th> <th>Actual Staffing Hours</th> <th>Difference</th> </tr> </thead> <tbody> <tr> <td>2/23/20</td> <td>253.2</td> <td>-14.55</td> </tr> </tbody> </table> <p>The surveyor conducted multiple interviews with the staff on 2/28/20 to 3/4/20 between 9:00 am and 1:00 pm, they stated that the facility was short staffed due to call outs.</p> <p>Post survey, the surveyor conducted a telephone</p>	Date	Actual Staffing Hours	Difference	2/22/20	243.2	-23.30	Date	Actual Staffing Hours	Difference	2/23/20	253.2	-14.55	S1685	<p>1)The facility is monitoring acuity and nursing staffing hours daily. Nursing overtime shifts, bonus shifts, agency shifts and per diem shifts are being utilized when needed to maintain the required hours. The facility continues to aggressively recruit, hire and retain nursing staff.</p> <p>2)The facility recognizes that all residents have the potential to be affected by this deficient practice. The staffing coordinator will continue to track attendance of the nursing staff daily. The disciplinary process will be followed for those staff out of compliance. The facility will continue to track and log all results of the facility recruitment and retention efforts.</p> <p>3)The Staffing Coordinator job description was reviewed and revised. Nursing staff have been re-educated on the facility attendance policy and the disciplinary process that follows. Daily</p>	
Date	Actual Staffing Hours	Difference														
2/22/20	243.2	-23.30														
Date	Actual Staffing Hours	Difference														
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S1685	Continued From page 2 interview with the Staffing Coordinator (SC) on 3/10/20 at 10:30 am, she confirmed that they were short staffed on 2/22/20 and 2/23/20 due to call outs. She stated that she attempted to make numerous calls to cover all call outs. However, she was unsuccessful.	S1685	<p>staffing meetings (Monday – Friday) with the Staffing Coordinator, Director of Nursing or designee and Administrator will review schedules, staffing needs and recruitment efforts. The Administrator or designee will review or audit staff requirement and retention results weekly in an effort to maintain staffing levels.</p> <p>4)The results of the audits will be reviewed at the quarterly Quality Assurance Performance Improvement meeting to ensure compliance and to identify any trends or patterns requiring further corrective actions.</p>	