

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

PRINTED: 07/13/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315237	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 06/21/2021
NAME OF PROVIDER OR SUPPLIER SOUTHGATE HEALTH CARE CTR			STREET ADDRESS, CITY, STATE, ZIP CODE 449 S PENNSVILLE-AUBURN ROAD CARNEYS POINT, NJ 08069		
(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 Complaint#: NJ144342 Census: 98 Sample Size: 3 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 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	F 609			6/29/21

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

TITLE

(X6) DATE

Electronically Signed

07/05/2021

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>designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken. This REQUIREMENT is not met as evidenced by:</p> <p>Complaint#: NJ144342</p> <p>Based on interviews, record reviews, and review of other pertinent facility documents on 6/21/2021, it was determined that the facility failed to report an allegation of physical restraint to the New Jersey Department of Health (NJDOH), as well as failed to follow the facility's policy titled "Abuse-Reporting and Investigation" for 1 of 3 residents sampled (Resident [REDACTED]). This deficient practice was evidenced by the following:</p> <p>Review of the Electronic Medical Records (EMRs) were as follows:</p> <p>According to the Medical Record (MR), Resident [REDACTED] was admitted to the facility on [REDACTED], with diagnoses which included but were not limited to [REDACTED].</p> <p>According to the Minimal Data Set (MDS), an assessment tool dated [REDACTED], Resident [REDACTED] had a Brief Interview for Mental Status (BIMS) score of [REDACTED], indicating the resident had [REDACTED]. The MDS also showed Resident [REDACTED] needed extensive assistance with Activities of Daily Living (ADLs).</p> <p>During an interview on 6/21/2021 at 10:00 a.m., the Director of Nursing (DON) stated Resident</p>	F 609	<p>Corrective Action: The cited incident was reported to DOH on 06/21/21.</p> <p>Identification of Residents at Risk: All residents with incidents and accidents within the facility have the potential of them being reportable incidents. Residents can be identified by reviewing the resident roster.</p> <p>Systemic Change: Facility administrator will review all incidents and accidents daily or as soon as possible for one year to identify if there is a need to report it as required by the regulations. The incidents or accidents that are identified as reportable will be reported to the appropriate parties in a timely manner according to federal and state regulations.</p> <p>Quality Assurance: An audit of reportable or non-reportable incidents, will be conducted and documented quarterly by Administrator or designee for one year. Any concerns/ recommendations will be made at that time and addressed as needed. Results of this audit will be reported to the Quality Assurance Committee for one year.</p>		

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F 609	<p>Continued From page 2</p> <p>█'s family member called about one week after the resident was discharged, indicating two Certified Nursing Assistants (CNAs) tied the resident's █ together. The DON explained to the Surveyor, "I did not report the incident to the State because I could not prove abuse." During the interview, the DON presented the Surveyor with an email from the DON to the facility's Administrator dated █. The documentation revealed that on █ Resident █'s family member alleged that two CNAs tied Resident █ to the resident's █. The documentation also revealed that Resident █ was █ and in █. Further review of the documentation revealed the family member alleged that someone came into Resident █'s "room a while later and untied (him/her)."</p> <p>During an interview on 6/21/2021 at 11:25 a.m., the Administrator stated, "the DON did not report the allegation of abuse." The Administrator explained the DON is the abuse coordinator; "I do understand I am supposed to report an allegation of abuse but, that is the job of the DON."</p> <p>During a second interview on 6/21/2021 at 11:35 a.m., the DON stated, "I'm the abuse coordinator, a reportable was not done. I did not follow the policy."</p> <p>Review of the facility's policy titled "Abuse-Reporting and Investigation" dated 4/26/2017, included the following: Under "Policy Statement": It is the policy of this facility that each resident has the right to be free from mistreatment, neglect, exploitation and misappropriation of property and abuse. Under "Policy Interpretation and Implementation": Our</p>	F 609			

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F 609	Continued From page 3 facility will not permit residents to be subjected to abuse by anyone, including staff member, other residents, consultants, volunteers, staff or agencies serving the resident, family members, legal guardians, sponsors, friends, or other individuals. Under "Abuse" means the willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain or mental anguish ... Under "Reporting": All incidents of abuse must be reported to the administrator/designee, as well as to the resident's representative (sponsor). An immediate investigation must be made, and the findings of such investigations must be reported to the administrator/designee Under "New Jersey Reportable Events": According to the Department of Health and Senior Services licensing standards of health care facilities require that facilities notify the Departments Assessment Survey Unit of reportable events in accordance with all applicable State and Federal regulations. It is indicated that the facility should notify the Department of Health. Under "Immediately": by telephone, followed by written confirmation with 72 hours for the following but not limited to any suspected case of resident abuse or exploitation, which have been reported to the State of New Jersey.	F 609			
F 610 SS=D	N.J.A.C.: 8:39-9.4(f) Investigate/Prevent/Correct Alleged Violation CFR(s): 483.12(c)(2)-(4) §483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must:	F 610		6/29/21	

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F 610	<p>Continued From page 4</p> <p>§483.12(c)(2) Have evidence that all alleged violations are thoroughly investigated.</p> <p>§483.12(c)(3) Prevent further potential abuse, neglect, exploitation, or mistreatment while the investigation is in progress.</p> <p>§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 incident, and if the alleged violation is verified appropriate corrective action must be taken. This REQUIREMENT is not met as evidenced by: Complaint#: NJ144342</p> <p>Based on interviews, record review, and review of other pertinent facility documents on 6/21/2021, it was determined that the facility failed to investigate an allegation of a resident being physically restraint, as well as failed to follow the facility's policy titled "Abuse-Reporting and Investigation" for 1 of 3 residents sampled (Resident [REDACTED]). This deficient practice was evidenced by the following:</p> <p>Review of the Electronic Medical Records (EMRs) were as follows:</p> <p>According to the Medical Record (MR), Resident [REDACTED] was admitted to the facility on [REDACTED], with diagnoses which included but were not limited to [REDACTED]</p> <p>According to the Minimal Data Set (MDS), an</p>	F 610	<p>Corrective Action: The cited incident was investigated and documented on 6/21/21.</p> <p>Identification of Residents at Risk: All residents with allegations of abuse neglect exploitation or mistreatment require an investigation to be done. Residents can be identified by reviewing the resident roster.</p> <p>Systemic Change: Facility administrator will review all incidents and accidents daily or as soon as possible for one year to identify that a proper investigation was performed.</p> <p>Quality Assurance: An audit of investigations, will be conducted and documented quarterly by Administrator or designee for one year. Any concerns/ recommendations will be made at that time and addressed as</p>		

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F 610	<p>Continued From page 5</p> <p>assessment tool dated [REDACTED], Resident [REDACTED] had a Brief Interview for Mental Status (BIMS) score of [REDACTED] indicating the resident had severe cognitive impairment. The MDS also showed Resident [REDACTED] needed extensive assistance with Activities of Daily Living (ADLs).</p> <p>During an interview on 6/21/2021 at 10:00 a.m., the Director of Nursing (DON) stated Resident [REDACTED]'s family member called about one week after the resident was discharged, indicating two Certified Nursing Assistants (CNAs) tied the resident's [REDACTED] together. During the interview, the DON presented the Surveyor with an email from the DON to the facility's Administrator dated [REDACTED]. The documentation revealed that on [REDACTED], Resident [REDACTED]'s family member alleged that two CNAs tied Resident [REDACTED] to the resident's [REDACTED]. The documentation also revealed that Resident [REDACTED] was scared and in [REDACTED].</p> <p>Further review of the documentation revealed the family member alleged that someone came into Resident [REDACTED]'s room a while later and untied (him/her). According to the email documentation, the DON informed the family member a thorough investigation would be conducted but needed additional details. However, according to the DON, no investigation was completed nor documented.</p> <p>During an interview on 6/21/2021 at 11:25 a.m., the Surveyor asked the Administrator if he investigated the allegation made by Resident [REDACTED]'s family member. The Administrator stated an allegation of abuse would be investigated. However, the Administrator confirmed an</p>	F 610	needed. Results of this audit will be reported to the Quality Assurance Committee for one year.		

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F 610	<p>Continued From page 6</p> <p>investigation for the abuse allegation for Resident [REDACTED] being physically restraint was not done. The Administrator explained, "we were waiting on a call back from the (family member)." However, according to the Administrator, the family member was unable to tell him "what or who was there or who did that." The Administrator also stated, he "did not speak to any of the CNAs regarding the email he received from the DON."</p> <p>During a second interview on 6/21/2021 at 11:35 a.m., the DON stated, she did not interview any CNAs about the allegation made by the resident's family member. The DON explained "I interviewed staff, but I did not get statements." The DON also stated, "I did not follow the policy."</p> <p>Review of the facility's policy titled "Abuse-Reporting and Investigation" dated 4/26/2017, indicated the following: Under "Policy Statement": It is the policy of this facility that each resident has the right to be free from mistreatment, neglect, exploitation and misappropriation of property and abuse. Under "Policy Interpretation and Implementation": Our facility will not permit residents to be subjected to abuse by anyone, including staff member, other residents, consultants, volunteers, staff or agencies serving the resident, family members, legal guardians, sponsors, friends, or other individuals. Under "Abuse" means the willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain or mental anguish ... Under "Prevention": Residents, families, and staff may report concerns, incidents and grievances without fear of reprisal to administration, social services, nursing, their supervisor, and to government agencies ... Under "Investigation": An</p>	F 610			

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F 610	Continued From page 7 investigation report will be conducted to identify the staff member responsible for the initial reporting, investigation of alleged violations and reporting results to the proper authorities.	F 610			
F 835 SS=D	N.J.A.C. 8:39-9.(f) Administration CFR(s): 483.70 §483.70 Administration. A facility must be administered in a manner that enables it to use its resources effectively and efficiently to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident. This REQUIREMENT is not met as evidenced by: Complaint#: NJ144342 Based on interviews and review of other pertinent facility documents on 6/21/2021, it was determined that the Administration failed to ensure that the facility's policy for "Abuse-Reporting and Investigation" was followed for an allegation of a resident being physically restraint by a facility staff member. This deficient practice was for 1 of 3 residents (Resident [REDACTED]), and was evidenced by the following: Review of the Electronic Medical Records (EMRs) were as follows: According to the Medical Record (MR), Resident [REDACTED] was admitted to the facility on [REDACTED], with diagnoses which included but were not limited to [REDACTED]	F 835	Corrective Action: The cited incident regarding that specific resident was investigated and reported to the DOH on 06/21/21. Statements were gathered and an investigation was completed. In Service done with Department Heads, Director of Nursing, Unit Managers, and Supervisors, educating them that any event which occurs that may be reportable to the state must be brought to the attention of the Administrator or the Administrators representative immediately for a full investigation. In Service was done by Regional Administrator with the facility Administrator and DON regarding the need to follow policies on investigating and reporting allegations. Identification of Residents at Risk: All residents with incidents and accidents within the facility need to be		7/9/21

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F 835	<p>Continued From page 8</p> <p>██████████.</p> <p>According to the Minimal Data Set (MDS), an assessment tool dated ██████████, Resident ██████ had a Brief Interview for Mental Status (BIMS) score of ██████, indicating the resident had ██████. The MDS also showed Resident ██████ needed extensive assistance with Activities of Daily Living (ADLs).</p> <p>During an interview on 6/21/2021 at 10:00 a.m., the Director of Nursing (DON) stated Resident ██████'s family member called about one week after the resident was discharged, indicating two Certified Nursing Assistants (CNAs) tied the resident's ██████████ together. The DON explained to the Surveyor, "I did not report the incident to the State because I could not prove abuse." During the interview, the DON presented the Surveyor with an email from the DON to the facility's Administrator dated ██████████. The documentation revealed that on ██████████, Resident ██████'s family member alleged that two CNAs tied Resident ██████████ to the resident's ██████████. The documentation revealed that Resident ██████ was scared and in pain. Further review of the documentation revealed the family member alleged that someone came into Resident ██████'s room a while later and untied (him/her).</p> <p>During an interview on 6/21/2021 at 11:25 a.m., the Administrator stated, "the DON did not report the allegation of abuse." The Administrator explained the DON is the abuse coordinator; "I do understand I am supposed to report an allegation of abuse but, that is the job of the DON."</p> <p>During a second interview on 6/21/2021 at 11:35</p>	F 835	<p>investigated and have the potential of them being reportable incidents. Residents can be identified by reviewing the resident roster.</p> <p>Systemic Change: Facility administrator will review all incidents and accidents daily or as soon as possible for one year to identify that a proper investigation was performed and to identify if there is a need to report it as required by the regulations. Corrective action in service/education will be readress and resigned annually for Department Heads, Director of Nursing, Unit Managers, and Supervisors.</p> <p>Quality Assurance: An audit of reportable or non-reportable incidents and their investigations, will be conducted and documented quarterly by Administrator or designee for one year. Any concerns/ recommendations will be made at that time and addressed as needed. Results of this audit will be reported to the Quality Assurance Committee for one year.</p>		

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F 835	<p>Continued From page 9</p> <p>a.m., the DON stated, "I'm the abuse coordinator, a reportable was not done. I did not follow the policy."</p> <p>Review of the facility's policy titled "Abuse-Reporting and Investigation" dated 4/26/2017, indicated the following: Under "Policy Statement": It is the policy of this facility that each resident has the right to be free from mistreatment, neglect, exploitation and misappropriation of property and abuse. Under "Policy Interpretation and Implementation": Our facility will not permit residents to be subjected to abuse by anyone, including staff member, other residents, consultants, volunteers, staff or agencies serving the resident, family members, legal guardians, sponsors, friends, or other individuals. Under "Abuse" means the willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain or mental anguish ... Under "Prevention": Residents, families, and staff may report concerns, incidents and grievances without fear of reprisal to administration, social services, nursing, their supervisor, and to government agencies ...</p> <p>N.J.A.C.: 8:39-13.1(a)</p>	F 835			