

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315233	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/22/2021
NAME OF PROVIDER OR SUPPLIER LINCOLN SPECIALTY CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 1640 SOUTH LINCOLN AVENUE VINELAND, NJ 08360		
(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 686	<p>Continued From page 1</p> <p>Executive Order 26, 4.b. on 03/11/21 at 10:26 AM, the surveyor observed Resident Executive Order 26, 4.b.</p> <p>The surveyor observed that Resident Executive Order 26, 4.b. had Executive Order 26, 4.b.</p> <p>The surveyor further observed that the resident's Executive Order 26, 4.b.</p> <p>When interviewed at that time, Resident Executive Order 26, 4.b. was unable to provide answers about the Executive Order 26, 4.b.</p> <p>A review of the resident's Electronic Medical Record (EMR) revealed that Resident Executive Order 26, 4.b.</p> <p>A review of the resident's most recent annual Minimum Data Set (MDS), an assessment tool used to facilitate the management of care, dated 02/20/21, reflected that Resident Executive Order 26, 4.b.</p> <p>The MDS further revealed that the Executive Order 26, 4.b.</p> <p>The surveyor reviewed the 03/2021 Physician Order Sheet (POS), which reflected a physician's order dated 10/29/20 for Executive Order 26, 4.b.</p> <p>The surveyor further reviewed the 03/2021 Treatment Administration Record (TAR), which revealed the corresponding physician's order for Executive Order 26, 4.b.</p> <p>The surveyor also observed a handwritten "FYI" (For Your Information)</p>	F 686	<p>importance of assistive devices and monitoring all residents for use during their shift. Also in serviced to make supervisor aware immediately if not found so they can be obtained. CNA's were in serviced to notify charge nurse if assistive devices are not found in residents room and to notify nurse if resident is not wearing them.</p> <p>Nursing Unit Managers and Nursing supervisors will do daily rounds and address any issues immediately. The DON or designee will perform weekly audits on assistive devices and report their finding to the Administrator and Quality Assurance Committee conducted quarterly. Any issues will be immediately addressed.</p>	

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F 686	<p>Continued From page 2</p> <p>documented in the hour section of the physician order.</p> <p>A review of Resident [redacted] Interdisciplinary Care Plan (CP), with the last care plan review, completed 03/15/21, revealed that the facility Interdisciplinary Team identified a [redacted] " of potential for Executive Order 26, 4.b.</p> <p>[redacted] Interventions included but were not limited to Executive Order 26, 4.b.</p> <p>On 03/16/21 at 11:11 AM, the surveyor observed Resident Executive Order 26, 4.b.</p> <p>[redacted] The surveyor observed that Resident had Executive Order 26, 4.b.</p> <p>[redacted] The surveyor observed that the resident's Executive Order 26, 4.b.</p> <p>[redacted] The surveyor made the same observation on 03/17/21 at 9:46 AM.</p> <p>During an interview with the Licensed Practical Nurse/Unit Manager (LPN/UM) on 03/18/21 at 10:28 AM, the LPN/UM stated that Resident Executive Order 26, 4.b.</p> <p>[redacted] The LPN/UM further noted that the resident had a Executive Order 26, 4.b. and that the Executive Order 26, 4.b.</p> <p>On 03/18/21 at 10:34 AM, the surveyor observed Resident Executive Order 26, 4.b.</p> <p>[redacted] The surveyor observed that Resident had Executive Order 26, 4.b.</p> <p>[redacted] The surveyor observed that the resident's Executive Order 26, 4.b.</p>	F 686		

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

PRINTED: 11/17/2021
FORM APPROVED
OMB NO. 0938-0391

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NAME OF PROVIDER OR SUPPLIER LINCOLN SPECIALTY CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 1640 SOUTH LINCOLN AVENUE VINELAND, NJ 08360		
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F 686	<p>Continued From page 3</p> <p>During a follow-up interview with the LPN/UM on 03/18/21 at 10:44 AM, the surveyor inquired about Resident Executive Order 26, 4.b.. The LPN/UM stated that the resident should have had Executive Order 26, 4.b. At which time, the surveyor and the LPN/UM donned on the required Personal Protective Equipment and entered the resident's room. Upon entering the resident's room, the LPN/UM stated that she could see that Resident Executive Order 26, 4.b.</p> <p>When interviewed, the LPN/UM said that Resident Executive Order 26, 4.b. should have had Executive Order 26, 4.b. and that the nurse was responsible for making sure they were applied as ordered. The surveyor observed LPN/UM search Resident Executive Order 26, 4.b. The LPN/UM was unable to locate Resident Executive Order 26, 4.b..</p> <p>During an interview with the surveyor on 03/19/21 at 1:18 PM, the Director of Nursing (DON) stated that she expected the Executive Order 26, 4.b.</p> <p>The surveyor reviewed the facility's "Assistive Devices and Equipment" policy, with the updated date of October 2020 provided by the DON. The policy revealed that the facility would provide, maintain, and supervise the use of assistive devices and equipment for residents.</p> <p>NJAC 8:39-27.1(a)</p>	F 686		

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 315233	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	Y2	DATE OF REVISIT 5/17/2021	Y3
NAME OF FACILITY LINCOLN SPECIALTY CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1640 SOUTH LINCOLN AVENUE VINELAND, NJ 08360		

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 F0686	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # 483.25(b)(1)(i)(ii)	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____	04/23/2021	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 3/22/2021		<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		