

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

PRINTED: 09/24/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315132	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 07/30/2020
NAME OF PROVIDER OR SUPPLIER CARE ONE AT THE HIGHLANDS			STREET ADDRESS, CITY, STATE, ZIP CODE 1350 INMAN AVENUE EDISON, NJ 08820		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	D 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 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. Census: 97 Sample: 5	F 000			
F 842 SS=D	Resident Records - Identifiable Information CFR(s): 483.20(f)(5), 483.70(i)(1)-(5) §483.20(f)(5) Resident-identifiable information. (i) A facility may not release information that is resident-identifiable to the public. (ii) The facility may release information that is resident-identifiable to an agent only in accordance with a contract under which the agent agrees not to use or disclose the information except to the extent the facility itself is permitted to do so. §483.70(i) Medical records. §483.70(i)(1) In accordance with accepted professional standards and practices, the facility must maintain medical records on each resident that are- (i) Complete; (ii) Accurately documented; (iii) Readily accessible; and (iv) Systematically organized §483.70(i)(2) The facility must keep confidential all information contained in the resident's records, regardless of the form or storage method of the records, except when release is- (i) To the individual, or their resident	F 842		8/21/20	

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

TITLE

(X6) DATE

Electronically Signed

08/12/2020

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 842	<p>Continued From page 1</p> <p>representative where permitted by applicable law;</p> <p>(ii) Required by Law;</p> <p>(iii) For treatment, payment, or health care operations, as permitted by and in compliance with 45 CFR 164.506;</p> <p>(iv) For public health activities, reporting of abuse, neglect, or domestic violence, health oversight activities, judicial and administrative proceedings, law enforcement purposes, organ donation purposes, research purposes, or to coroners, medical examiners, funeral directors, and to avert a serious threat to health or safety as permitted by and in compliance with 45 CFR 164.512.</p> <p>§483.70(i)(3) The facility must safeguard medical record information against loss, destruction, or unauthorized use.</p> <p>§483.70(i)(4) Medical records must be retained for-</p> <p>(i) The period of time required by State law; or</p> <p>(ii) Five years from the date of discharge when there is no requirement in State law; or</p> <p>(iii) For a minor, 3 years after a resident reaches legal age under State law.</p> <p>§483.70(i)(5) The medical record must contain-</p> <p>(i) Sufficient information to identify the resident;</p> <p>(ii) A record of the resident's assessments;</p> <p>(iii) The comprehensive plan of care and services provided;</p> <p>(iv) The results of any preadmission screening and resident review evaluations and determinations conducted by the State;</p> <p>(v) Physician's, nurse's, and other licensed professional's progress notes; and</p> <p>(vi) Laboratory, radiology and other diagnostic</p>	F 842			

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F 842	<p>Continued From page 2</p> <p>services reports as required under §483.50. This REQUIREMENT is not met as evidenced by: C #NJ136232</p> <p>Based on interview, review of medical records and review of other pertinent documentation, it was determined that the facility failed to maintain a complete and accurate medical record to include: History & Physical and Physician Progress Notes for 1 of 5 sampled residents (Resident #2). This deficient practice was evidenced by the following:</p> <p>According to the facility Admission Record, Resident #2 was admitted on <small>Exec Order 26 § 4b1 individual's health info</small></p> <p><small>Exec Order 26 § 4b1 individual's health info</small></p> <p>A Minimum Data Set, an assessment tool, dated <small>Exec Order 26 § 4b1 individual's health info</small></p> <p>On 7/30/2020 at 2:30 p.m., the surveyor requested the Physician's History (H&P) dated 4/11/2020, Physician Progress Notes(PPNs) and assessments for Resident #2. The Director of Nursing (DON) stated the H& P and PPN's are written on paper, and not on the computer. The DON stated the physician was going to email her the requested documents the surveyor requested because the information was not in Resident's #2 medical record.</p> <p>On 8/3/2020 at 12:22 p.m., the DON indicated the Physician was unable to locate the H&P and does not have any PPNs for Resident #2.</p>	F 842	<p>Resident #2 expired in the hospital on <small>Exec Order 26 § 4b1 individual's health info</small> Physician History and Physical dated <small>Exec Order 26 § 4b1 individual's health info</small> on file.</p> <p>Residents with incomplete History and Physical had the potential for being affected.</p> <p>An audit was conducted on 7/30/20 of the records of current residents to ensure all History and Physical is complete, no issues found.</p> <p>Physician of resident #2 to be in serviced by DON or designee on documentation of History and Physical and progress notes in the electronic record of patient. Medical records staff in serviced on checking the charts upon closure to ensure chart is complete.</p> <p>DON or designee will complete audits of 5 patients for completion of History and Physical weekly x 4 weeks then monthly x 2 months.</p> <p>DON or designee will report findings of audits to Quality Assurance committee quarterly x 1 quarter.</p>	

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