

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

PRINTED: 11/19/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315195	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 08/25/2020
NAME OF PROVIDER OR SUPPLIER AUTUMN LAKE HEALTHCARE AT BERKELEY HEIGHTS			STREET ADDRESS, CITY, STATE, ZIP CODE 35 COTTAGE STREET BERKELEY HEIGHTS, NJ 07922		
(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 #: NJ00137083; NJ00133952 CENSUS: 69 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 688 SS=D	Increase/Prevent Decrease in ROM/Mobility CFR(s): 483.25(c)(1)-(3) §483.25(c) Mobility. §483.25(c)(1) The facility must ensure that a resident who enters the facility without limited range of motion does not experience reduction in range of motion unless the resident's clinical condition demonstrates that a reduction in range of motion is unavoidable; and §483.25(c)(2) A resident with limited range of motion receives appropriate treatment and services to increase range of motion and/or to prevent further decrease in range of motion. §483.25(c)(3) A resident with limited mobility receives appropriate services, equipment, and assistance to maintain or improve mobility with the maximum practicable independence unless a reduction in mobility is demonstrably unavoidable. This REQUIREMENT is not met as evidenced by: NJ00137083 Based on observation, interview and record	F 688			9/20/20
			F688		

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

TITLE

(X6) DATE

Electronically Signed

09/10/2020

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 688	<p>Continued From page 1</p> <p>review it was determined that the facility failed to implement strategies to maintain functional abilities. This deficient practice was identified for 1 of 3 residents reviewed for rehabilitation services (Resident #5). The evidence was as follows:</p> <p>The surveyor reviewed the closed medical records for Resident #5.</p> <p>A review of the therapy services from the discharging specialty rehabilitation center included a physical therapy summary dated [REDACTED] which was completed with the "patient sitting in wheelchair with seatbelt secured and [REDACTED] wheelchair." In addition, a weekly physical therapy progress note dated as last assessed [REDACTED] included maintenance interventions including [REDACTED], [REDACTED] and functional positioning for [REDACTED] and [REDACTED]. In addition, the equipment status indicated, "anticipating custom wheelchair."</p> <p>The surveyor reviewed the resident's Admission Record which reflected that the resident had diagnoses which included [REDACTED]</p> <p>A review of the resident's admission Minimum Data Set (MDS), an assessment tool used to facilitate the management of care, dated [REDACTED] reflected the resident had a brief interview for mental status (BIMS) score of [REDACTED] out of [REDACTED], indicating that the resident had a [REDACTED] cognition level.</p> <p>A review of the "Physical Therapy Evaluation and</p>	F 688	<p>CORRECTIVE Action Resident # 5 closed records reviewed for the deficient practice. A review of all residents who completed Rehab services over the last 90 days for the need of restorative nursing program and appropriate equipment will be done.</p> <p>IDENTIFICATION OF AT RISK RESIDENTS: All residents receiving Rehabilitation services are potentially at risk for the deficient practice.</p> <p>SYSTEMIC CHANGES: An audit will be done by the Rehab Service Director to assess any resident who completed rehabilitation services in the previous 90 days for the need for [REDACTED] program, appropriate seating devices such as [REDACTED] chair, [REDACTED] chair and wheelchairs. An audit will be done by the DON on [REDACTED] program referrals to ensure all residents were appropriately set up to receive services, as well as position devices and seating devices. Staff in-serviced not to change seating device of residents until a referral made to Rehab services for the appropriateness of device.</p> <p>DON In serviced Physical Therapist Director to review recommendations prior to discharging residents from PT/OT services with the IDC team. Short-term resident discharge from PT before a planned discharged date will be Referred for RNP(Restorative Nursing Program) as</p>		

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F 688	<p>Continued From page 2</p> <p>Plan of Treatment" record dated [REDACTED] indicated a recommendation for a [REDACTED] [REDACTED]) to facilitate normal [REDACTED]. In addition, a "Physical Therapy Treatment Encounter Note" dated [REDACTED] included that the resident was assessed in a [REDACTED] and the staff nurse was communicated the recommendation of positioning by the Physical Therapist (PT). The record also indicated that the resident was not a candidate for physical therapy. The physician was present during the assessment and agreed.</p> <p>A review of the "Interdisciplinary Team Care Plan Summary" dated [REDACTED] indicated that the resident was participating in occupational therapy and speech therapy and the explanation of services was "therapeutic exercises." The section for participating in PT was crossed out and the section for restorative nursing was not marked as participating.</p> <p>On 8/25/2020 at 12:05 PM, the surveyor interviewed the Occupational Therapist/Director of Rehab (OT-R) who stated that every new admission was reviewed for each area of services which included physical therapy, occupational therapy and speech therapy. The OT-R added that Resident #5 had been evaluated by a PT on [REDACTED] and according to the evaluation the resident was not appropriate for physical therapy services. The OT-R stated that the resident had no trunk control and was put into a [REDACTED] [REDACTED] when out of bed (OOB). The OT-R also stated that the family representative was involved and was aware.</p>	F 688	<p>needed to maintain or improve their function.</p> <p>QUALITY ASSURANCE: The Rehab Service director will provide a copy of restorative referrals to the DON as each resident has been evaluated for an appropriate [REDACTED] program weekly for three months, Bi weekly for two months and then monthly for six months. Any issues will be addressed immediately findings will be reported to the Administrator as well as the QA Committee, QAPPI quarterly for a year.</p> <p>The DON/ADON or designee will do a monthly audit of splints, positioning devices, w/c, [REDACTED] chairs of 20 resident for appropriateness. Any issue will be addressed immediately. Finding will be reported to the Administrator as well as the QA committee/QAPPI Quarterly for six months or until compliance is met.</p> <p>The Rehab service Director will direct PT/OT to perform quarterly screens to assess residents function based on their ARD (annual review date) dates. Any issues will be address immediately and reported to the administrator as well as the QA Committee/QAPPI. This will be ongoing.</p>		

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F 688	<p>Continued From page 3</p> <p>On 8/25/2020 at 12:16 PM, the surveyor interviewed the Licensed Practical Nurse/Unit Manager (LPN/UM) who was familiar with Resident #5. The LPN/UM stated that the resident was not receiving physical therapy services and was put into a [REDACTED] when OOB (and not a [REDACTED] r) and pillows were provided for positioning and comfort. The LPN/UM added that the nurses would perform [REDACTED]) to both resident's [REDACTED] because of [REDACTED]. The LPN/UM could not speak to whether there was documentation in the nursing progress notes regarding the accountability of performing [REDACTED] and positioning in the [REDACTED] chair. The LPN/UM thought the care plan would indicate what was being done for the resident.</p> <p>On 8/25/2020 at 12:25 PM, the surveyor interviewed the Certified Nursing Aide (CNA) who was familiar with the care that was provided to Resident #5. The CNA stated that the resident required total assistance and would always put the resident in a [REDACTED] chair with pillows for positioning and comfort when OOB. The CNA did not speak to a [REDACTED] chair or a [REDACTED] for positioning and comfort.</p> <p>A review of the "Interdisciplinary Team Care Plan Summary" dated [REDACTED] indicated that the resident was participating in occupational therapy and speech therapy and the explanation of services was "therapeutic exercises." The section for participating in physical therapy was crossed out.</p> <p>A review of the Interdisciplinary Care Plan (IDCP) dated as initiated [REDACTED] indicated a focused area of potential for [REDACTED]</p>	F 688			

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F 688	<p>Continued From page 4</p> <p>development in relation to immobility with interventions that included a wheelchair cushion and [REDACTED] from wheelchair pedals.</p> <p>Further review of the IDCP dated as initiated [REDACTED] indicated a focused area of limited physical mobility in relation to disease process of [REDACTED].</p> <p>The indicated interventions included physical therapy and occupational therapy as ordered, as needed.</p> <p>A review of IDCP did not reflect the need for therapeutic exercises, use of a [REDACTED] chair or a [REDACTED] chair, use of pillows or a [REDACTED] device for positioning or that the resident had an individualized positioning need requiring pillows or a [REDACTED].</p> <p>A review of the nursing progress note dated [REDACTED] indicated that the resident was "out of bed in a lounge chair."</p> <p>A review of nursing progress notes dated [REDACTED] and [REDACTED] indicated that the resident was "OOB in a wheelchair."</p> <p>A review of a nursing progress note dated [REDACTED] indicated that the resident was "[REDACTED]."</p> <p>There was no documented evidence that resident was assessed for use of a wheelchair or [REDACTED] chair. The notes did not reflect that the resident was unable to tolerate these positions.</p> <p>A review of the resident's Order Recap Report revealed physician's orders dated [REDACTED] and [REDACTED] for physical therapy evaluation and treatment as indicated with an order status as discontinued. There were no physician orders</p>	F 688			

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F 688	<p>Continued From page 5</p> <p>noted for a [REDACTED] chair or a [REDACTED] positioning device.</p> <p>On 8/25/2020 at 1:25 PM, the surveyor interviewed the OT-R who stated that she spoke to the PT at the [REDACTED] center on the phone regarding the care of Resident #5. The OT-R stated that the services that the resident received were [REDACTED] and there was no functional-based services such as standing, walking or pivoting that could be performed by the resident. The OT-R stated the phone conversation was not documented in the resident's medical record. The OT-R also stated that although there were physician orders for services on readmission, the decision whether to re-evaluate was based on whether the functional status had changed or if the resident had received any rehab services in the hospital. The OT-R added that the resident was not re-evaluated for any services after readmission on [REDACTED] and [REDACTED] because the resident had not gone to the hospital for a change in functional status and had not received any rehab services in the hospital. The resident had only been hospitalized for [REDACTED].</p> <p>On 8/25/2020 at 1:42 PM, the surveyor, in the presence of another surveyor, interviewed the OT-R who stated that Resident #5 had not received [REDACTED] rehabilitation services because there was no recommendation made by the PT or OT for [REDACTED] rehabilitation services and that nursing aides perform routine exercises when they provide Activities of Daily Living (ADL) care for the resident.</p> <p>On 8/25/2020 at 2:22 PM, the surveyor, in the</p>	F 688			

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F 688	Continued From page 6 presence of another surveyor, interviewed the PT who had completed the evaluation on [REDACTED] for Resident #5. The PT stated that he had reviewed the notes from the prior [REDACTED] rehabilitation center and was aware that the notes indicated that the resident was sitting in a [REDACTED] for positioning." The PT added that he would not utilize a seat belt for trunk control. The PT acknowledged that his evaluation had not reflected continuity of care to indicate a change in prior recommendations and the current treatment plan. The PT confirmed that he made a recommendation for a broda chair and a [REDACTED] for comfort and optimal positioning. The PT also acknowledged that he had not indicated the location for placement of the [REDACTED] to provide optimal positioning for staff to know where to place the [REDACTED]. The PT also stated that he thought the resident had a [REDACTED] chair while the resident was on the [REDACTED] unit but was unsure if the resident was placed in the [REDACTED] chair when OOB. The PT also could not speak to whether the resident had received a [REDACTED], adding that he didn't order one, adding that nursing would have had to follow through on the recommendations he made and get a physician's order to obtain the [REDACTED] device. The PT also stated that therapeutic exercises would be performed by the nursing staff during ADL's. The PT could not speak to whether a [REDACTED] chair could be interchangeable with a [REDACTED] chair. The PT stated that nursing would have made the change of placing the resident into a [REDACTED] chair with pillows when OOB. The PT could not speak to why nursing would make the change or whether a re-evaluation should have been completed when a change to the PT recommendation was done by nursing. The PT also stated that he would not be involved in the	F 688			

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F 688	<p>Continued From page 7</p> <p>evaluation of a [REDACTED] wheelchair and thought the Occupational Therapist (OT) would review a resident for a [REDACTED] wheelchair.</p> <p>On 8/25/2020 at 3:13 PM, the surveyor in the presence of another surveyor, interviewed the Director of Nursing (DON) who stated that Resident #5 had not received a formal [REDACTED] rehabilitation service program and knew the resident had a difficulty maintaining position due to a lack of [REDACTED]. The DON added that the resident would lean to the side when up in the [REDACTED] chair. She stated that documentation of the use of a [REDACTED] chair or positioning device would be in the nursing notes and care plan. The DON could not speak to why there was no documentation in any progress notes indicating whether a [REDACTED] chair and [REDACTED] were obtained or utilized. In addition, the DON could not speak to why a change was made to utilizing a [REDACTED] chair and pillows was indicated by the staff. The DON acknowledged the surveyor's findings of the lack of accountability for therapeutic exercises, documentation of use of a [REDACTED] chair in accordance with the PT evaluation, documentation that the resident received a [REDACTED] and was utilized and where the location of placement of the [REDACTED] for positioning was identified.</p> <p>On 8/25/2020 at 3:15PM the PT informed two surveyors that the OT who had treated the resident was not available for an interview until late evening or tomorrow, [REDACTED].</p> <p>On 8/25/2020 at 4:00 PM, the surveyor interviewed the Medical Doctor (MD) regarding Resident #5. The MD stated that resident was not a candidate for physical therapy and was not</p>	F 688			

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F 688	<p>Continued From page 8</p> <p>recommended for an evaluation from the [REDACTED]. The MD added that the resident had not had a functional decline while in the facility.</p> <p>On 8/26/2020 at 9:42 AM, the surveyor conducted a telephone interview with the OT. The OT stated that the PT and OT collaborate on the resident's therapy, but she was focused on the [REDACTED] in the resident's [REDACTED] to prevent further worsening of [REDACTED] and recommended [REDACTED]. The OT stated that the resident was discharged from Occupational therapy on [REDACTED] with instructions to the CNA's on proper placement and timing of the [REDACTED] and this was indicated in the IDCP. The OT added that [REDACTED] rehabilitation for the [REDACTED] was not required. The OT also stated that she does not provide maintenance therapy and passive ROM was a nursing task and was unsure of documentation for accountability.</p> <p>On 8/26/2020 at 1:11 PM, the surveyor conducted a second interview with the OT who stated that a [REDACTED] wheelchair would have to be ordered through a [REDACTED] vendor and a [REDACTED] wheelchair would not be ordered in the skilled nursing home facility. The OT added that the resident was assessed by the PT and was not a candidate for physical therapy and was already in a [REDACTED] chair for proper positioning, so a [REDACTED] wheelchair was not reviewed for the resident.</p> <p>A review of the undated facility policy for "Restorative Nursing Services" provided by the DON indicated that residents will receive restorative nursing care as needed to help promote optimal safety and independence. In</p>	F 688			

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F 688	<p>Continued From page 9</p> <p>addition, the policy indicated that [REDACTED] nursing care consists of nursing interventions that may or may not be accompanied by formalized rehabilitative services such as physical therapy, occupational therapy and speech therapy and would be outlined in the IDCP.</p> <p>A review of the undated facility Clinical Protocol for Functional Impairment provided by the DON indicated that upon admission to the facility and periodically during a resident's stay, the physician and staff will assess the resident's function along with physical condition. In addition, the staff would monitor and document the resident's function which included evidence of reduction in ADL dependency or improvement.</p> <p>NJAC 8-39-11.2(e)(2), 27.1(a), 27.5(b)</p>	F 688			