

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

PRINTED: 02/02/2023
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 06/15/2021
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 00144795 Census: 79 Sample Size: 4 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 survey.	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-	F 842		7/9/21	

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

TITLE

(X6) DATE

Electronically Signed

07/02/2021

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 842	<p>Continued From page 1</p> <p>(i) To the individual, or their resident 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 #: NJ00144795</p> <p>Based on interviews and medical record (MR) review, as well as review of pertinent facility documents on [REDACTED], it was determined that the facility failed to complete and accurately document in the resident's medical record in accordance with acceptable professional standards and practices for 1 of 4 residents (Res #1) reviewed for medical records (MR). This deficient practice is evidenced by the following:</p> <p>1. According to the "ADMISSION RECORD (AR)" Res #1 was admitted on [REDACTED] and discharged from the facility on [REDACTED], with diagnosis that included but was not limited to [REDACTED].</p> <p>The Minimum Data Set (MDS), an assessment tool, dated [REDACTED] showed that Res #1 had [REDACTED] and required extensive assistance with Activities of Daily Living (ADL).</p> <p>The facility's "RESIDENT CONCERN FORM (RCF)" dated 7/27/20 showed that Res #1's Representative (RR) filed a complaint that Res #1 missed his/her medication for several days and [REDACTED].</p> <p>The MR showed the following orders:</p> <p>The Physician Order (PO) dated [REDACTED] showed an order for [REDACTED] (mg) to be given by mouth at bedtime for [REDACTED] with [REDACTED].</p>	F 842	<p>1. Resident #1 was discharged prior to corrective action could be accomplished.</p> <p>2. All residents have the potential to be effected by this deficient practice. Current Resident Medication Administration Records (MAR) and Treatment Administration Records (TAR) were reviewed to ensure completion.</p> <p>3. Policy entitled "Documentation Policy and Procedure" was updated. Re-education of all nurses regarding the updated policy and procedure as well as proper documentation in the Point Click Care system will be completed. Review of the MAR/TAR documentation will be completed daily x1 month, weekly x3 months, monthly x6 months to ensure compliance with documentation.</p> <p>4. Results of audits will be submitted to the QAPI committee monthly.</p>		

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F 842	<p>Continued From page 3</p> <p>The Medication Administration Record (MAR) for the month of [REDACTED] showed the aforementioned order, however, there was no documentation on the MAR or progress notes (PN) to indicate that the medication was administered to the Resident on 7/25/20 and 7/26/20.</p> <p>The PO dated [REDACTED] for weekly [REDACTED] assessment every Tuesday.</p> <p>The Treatment Administration Record (TAR) for the month of [REDACTED] and [REDACTED] showed the aforementioned order, however, the TAR and PN indicated no documented evidence that the Resident's [REDACTED] was assessed on [REDACTED] and [REDACTED].</p> <p>During an interview with Licensed Practical Nurse (LPN #1) on 6/15/21 at 12:57 pm. She stated that medications or care provided to the residents must be accurately documented to reflect the residents' condition and to ensure that the services were provided.</p> <p>The facility's policy titled "Document Policy and Procedure", revised on 1/2021, showed "Policy: Documentation is a professional tracking to enhance the continuity of care. Good clinical practice dictates what goes into a medical record...To enhance continuity of care on all shifts and among all disciplines To monitor outcomes of care. Procedure: 1. FACILITY REQUIRED DOCUMENTATION...As dictated by standards of practice...D. WHEN IT WILL BE DOCUMENTED...According to Standards of Practice or State or Federal requirements E. WHY IT WILL BE DOCUMENTED To describe information in a way that everyone involved in a resident's care can understand what is happening</p>	F 842			

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F 842	Continued From page 4 to the resident. To enhance the continuity of care so that the staff on all shifts and among all disciplines will know what must be carried out...To have a legal record of care and services received by the resident. F. HOW IT WILL BE DOCUMENTED Electronically through the facility's Electronic Medical Record System". NJAC: 8:39-35.2(d)(6)	F 842			

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 315224	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	Y2	DATE OF REVISIT 7/14/2021	Y3
NAME OF FACILITY FOREST MANOR HCC			STREET ADDRESS, CITY, STATE, ZIP CODE 145 STATE PARK ROAD HOPE, NJ 07844		

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 F0842	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # 483.20(f)(5), 483.70(i)(1)-(5)	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____	07/09/2021	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 6/15/2021		<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		