

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

PRINTED: 04/22/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315187	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 02/05/2024
NAME OF PROVIDER OR SUPPLIER ECHELON CARE & REHAB			STREET ADDRESS, CITY, STATE, ZIP CODE 1302 LAUREL OAK ROAD VOORHEES, NJ 08043		
(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 # NJ00170177 CENSUS: 236 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 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		2/19/24	

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

TITLE

(X6) DATE

Electronically Signed

02/19/2024

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 #: NJ00170177</p> <p>Based on interviews, medical record review, and review of other pertinent facility documents on 2/5/2024, it was determined that the facility failed to: document according to the facility policy when the resident's Responsible Representative (RR) was notified of a change in the resident's medication regimen for 1 of 3 residents reviewed (Resident #2) and consistently document in the "Documentation Survey Report" (DSR) the Activities of Daily Living (ADL) status, and care provided to the resident according to facility policy and protocol for 2 of 3 residents (Resident #2 and #3) reviewed for documentation. This deficient practice was evidenced by the following:</p> <p>1. According to the facility "Admission Record (AR)," Resident #2 was admitted with diagnoses that included but were not limited to: NJ Exec. Order 26:4.b.1</p> <p>[REDACTED]</p> <p>The Quarterly Minimum Data Set (MDS), an assessment tool, dated NJ Exec. Order 26:4.b.1, revealed a Brief Interview of Mental Status (BIMS) of NJ B which indicated the resident's cognition was NJ Exec. Order 26:4</p> <p>[REDACTED] The MDS further revealed, included a diagnosis of NJ Exec. Order 26:4.b.1</p> <p>[REDACTED]</p> <p>A review of the "Order Summary Report" (OSR),</p>	F 842	<p>F842 Resident Records- Identifiable Information</p> <p>1. a. Resident # 2 was not negatively affected by the lack of Responsible Representative notification of medication change.</p> <p>b. Residents #2 and #3 were not negatively affected by the omissions in their ADL documentation.</p> <p>2. a. All Residents have the potential to be affected by the deficient practice.</p> <p>b. ADL documentation was immediately reviewed for resident's #2 and #3 on 2/5/2024 to ensure it was completed.</p> <p>a. An audit will be conducted of medication changes in the past 2 weeks to ensure that there are no other instances of medication changes not being reported to resident's Responsible Representative and documented in the medical record.</p> <p>b. all residents have the potential to be affected by this deficient practice.</p> <p>3. a. The policy "Nurses Notes" was reviewed and updated. Licensed Nurses will be re-educated on the Policy, Nurses Notes, with focus on informing and documenting notification of Responsible Representative.</p> <p>b. The Certified Nursing Assistants were re-educated on the requirement of documenting daily what care was provided in Documentation Survey Report (ADL record).</p>	

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F 842	<p>Continued From page 3</p> <p>dated 2/5/2024, indicated an order, initiated on [redacted] for NJ Exec. Order 26:4.b.1</p> <p>[redacted] Further review of the OSR indicated an order initiated, on [redacted] for Zoloft Oral Tablet 50 mg and to administer 1 NJ Exec. Order 26:4.b.1</p> <p>Review of the 2/2024 "MEDICATION ADMINISTRATION RECORD (MAR)", revealed the aforementioned medication orders with the administration time of 9:00 a.m.</p> <p>Review of Resident #2's Progress Notes (PN) for the month of 11/2023, included a [redacted] NJ Exec. Order 26:4.b.1, documented by the Physician Assistant (PA), that Resident #2 was on [redacted] NJ Exec. Order 26:4.b.1. Further review of the [redacted] NJ Exec. Order 26:4.b.1 revealed a recommendation to increase [redacted] NJ Exec. Order 26:4.b.1 daily for [redacted] NJ Exec. Order 26:4.b.1</p> <p>A review of Resident #2's PN dated [redacted] NJ Exec. Order 26:4.b.1 and documented by Licensed Practical Nursing/Unit Manager (LPN/UM), indicated that Resident #2 was seen by [redacted] NJ Exec. Order 26:4.b.1 on [redacted] NJ Exec. Order 26:4.b.1 with recommendations to increase [redacted] NJ Exec. Order 26:4.b.1. Further review of the PN had no documented evidence that Resident's #2's RR was notified that [redacted] NJ Exec. Order 26:4.b.1</p> <p>2. Review of Resident #2's Care Plan (CP) initiated on [redacted] NJ Exec. Order 26:4.b.1, documented an intervention that Resident #2 requires NJ Exec. Order 26:4.b.1</p>	F 842	<p>4.a. The DON or designee will audit 5 new medication orders per week for 30 days, and then audit 2 new medication orders per week for an additional 30 days to ensure that the Responsible Representative has been notified of the change and that the notification has been documented in the medical record. The results of these audits will be reported to the QAPI committee for 2 months.</p> <p>b. The DON or designee will audit 10 resident's Documentation Survey Report (ADL record) for 30 days, then 5 resident's Documentation Survey Reports(ADL record) for an additional 30 days to ensure care has been documented daily by the certified nursing assistants. The results of these audits will be reported to the QAPI committee for 2 months.</p>	

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F 842	<p>Continued From page 4</p> <p>Review of Resident #2's DSR (ADL Record) and the PN for the month of 1/24 and 2/24, lack of any documentation to indicate that the [redacted] was provided was provided and/or the resident refused care on the following dates and shifts:</p> <p>7:00 a.m. to 3:00 p.m. shift on 1/6/24, 1/7/24, 1/9/24, 1/22/24, 1/29/24, 2/1/24, and 2/3/24.</p> <p>3:00 p.m. to 11:00 p.m. shift on 1/14/24 and 2/1/24.</p> <p>11:00 p.m. to 7:00 a.m. shift on 1/5/24, 1/8/24, 1/18/24, 1/19/24, 1/22/24, 1/24/24, 1/25/24, 1/27/24, 1/29/24, 1/31/24, 2/2/24, and 2/4/24.</p> <p>3. According to the facility AR, Resident #3 was admitted with diagnoses that included but were not limited to: NJ Exec. Order 26:4.b.1 [redacted]</p> <p>The Quarterly MDS, dated [redacted], revealed a BIMS of [redacted] which indicated the resident's cognition was [redacted]. MDS further revealed that the resident needed NJ Exec. Order 26:4.b.1 [redacted]</p> <p>Review of Resident #3's DSR and the PN for the month of 1/24 and 2/24, revealed a lack of documentation to indicate that the care for [redacted] was provided and/or the resident refused care on the following dates and shifts.</p> <p>7:00 a.m. to 3:00 p.m. shift on 1/4/24, 1/7/24, 1/12/24, 1/18/24 to 1/20/24, 1/22/24, 1/25/24,</p>	F 842			

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F 842	<p>Continued From page 5 1/25/24, and 1/27/24.</p> <p>3:00 p.m. to 11:00 p.m. shift on 1/7/24, 1/8/24, 1/30/24, 2/1/24, and 2/2/24.</p> <p>11:00 p.m. to 7:00 a.m. shift on 1/21/24, 1/22/24, and 1/28/24.</p> <p>During an interview with the surveyor on 2/5/24 at 10:39 a.m., the Certified Nursing Assistant (CNA) stated, she would document in computer that she provided care to the resident at the end of the shift. CNA explained that all CNA's are responsible for documenting the ADL care provided into the electronic medical record (POC).</p> <p>During an interview with the surveyor on 2/5/24 at 10:46 a.m., the Licensed Practical Nursing/Unit Manager (LPN/UM) stated when the CNA provide care to the resident, it would be documented in POC. LPN/UM further stated that documentation of ADL's should be completed right away.</p> <p>During an interview with the surveyor on 2/5/2024 at 11:34 a.m., the LPN/UM stated when there is a recommendation for a change of medication, the resident's primary physician and RR will be notified and documented in the PN.</p> <p>On 2/5/2024 at 1:08 p.m., during a follow up interview with the surveyors, the LPN/UM stated, " I notified the family, but I forgot to document it."</p> <p>On 2/5/24 at 1:32 p.m., the surveyors interviewed the Director of Nursing (DON), who stated that CNAs are responsible for documenting the ADLs care provided at the end of the shift. The DON explained it is important to document because it</p>	F 842			

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F 842	<p>Continued From page 6</p> <p>was a proof that the care was administered to the resident. The DON further stated that the primary physician, and the RR would be notified of changes in a resident's medication. The DON explained that she expected the nurses to document who they notified in the PN.</p> <p>A review of the facility's policy revised on 1/24 titled, "SUPPORTING ACTIVITIES OF DAILY LIVING (ADLS) revealed " under Policy Interpretation and Implementation section that " ...7. ADL's provided will be documented in the resident's medical record, interventions will be monitored, evaluated, and revised as appropriate."</p> <p>A review of the facility's policy date 5/23 titled, "Nurses' Notes" under Procedure section that " ...4. Ongoing nurses notes should include, at a minimum ...family/physician notifications ...changes in treatments, medications ..."</p> <p>NJAC 8:39-35.2(d)(9)</p>	F 842		

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 315187	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	Y2	DATE OF REVISIT 2/23/2024	Y3
NAME OF FACILITY ECHELON CARE & REHAB			STREET ADDRESS, CITY, STATE, ZIP CODE 1302 LAUREL OAK ROAD VOORHEES, NJ 08043		

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 _____	02/19/2024	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 2/5/2024		<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		