

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

PRINTED: 04/05/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315245	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 01/19/2021
NAME OF PROVIDER OR SUPPLIER ARISTACARE AT CHERRY HILL			STREET ADDRESS, CITY, STATE, ZIP CODE 1399 CHAPEL AVE WEST CHERRY HILL, NJ 08002		
(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 #: #NJ133396, #NJ134128, #NJ138030 Census: 102 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 survey.	F 000			
F 580 SS=D	Notify of Changes (Injury/Decline/Room, etc.) CFR(s): 483.10(g)(14)(i)-(iv)(15) §483.10(g)(14) Notification of Changes. (i) A facility must immediately inform the resident; consult with the resident's physician; and notify, consistent with his or her authority, the resident representative(s) when there is- (A) An accident involving the resident which results in injury and has the potential for requiring physician intervention; (B) A significant change in the resident's physical, mental, or psychosocial status (that is, a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications); (C) A need to alter treatment significantly (that is, a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or (D) A decision to transfer or discharge the resident from the facility as specified in §483.15(c)(1)(ii). (ii) When making notification under paragraph (g) (14)(i) of this section, the facility must ensure that all pertinent information specified in §483.15(c)(2)	F 580		2/4/21	

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

TITLE

(X6) DATE

Electronically Signed

02/04/2021

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 580	<p>Continued From page 1</p> <p>is available and provided upon request to the physician.</p> <p>(iii) The facility must also promptly notify the resident and the resident representative, if any, when there is-</p> <p>(A) A change in room or roommate assignment as specified in §483.10(e)(6); or</p> <p>(B) A change in resident rights under Federal or State law or regulations as specified in paragraph (e)(10) of this section.</p> <p>(iv) The facility must record and periodically update the address (mailing and email) and phone number of the resident representative(s).</p> <p>§483.10(g)(15) Admission to a composite distinct part. A facility that is a composite distinct part (as defined in §483.5) must disclose in its admission agreement its physical configuration, including the various locations that comprise the composite distinct part, and must specify the policies that apply to room changes between its different locations under §483.15(c)(9). This REQUIREMENT is not met as evidenced by: Complaint #NJ138030</p> <p>Based on record review and interview, it was determined that the facility failed to notify a resident's responsible party of a change in condition in a timely manner. This affected one of three residents reviewed for change in condition (Resident #3).</p> <p>Findings included:</p> <p>1. Resident #3 was originally admitted to the facility on [REDACTED] with diagnoses that</p>	F 580	<p>On [REDACTED] family was notified of [REDACTED] positive result by nurse practitioner and plan of care was reviewed. All resident could be affected. DON conducted an audit of current resident with a [REDACTED] diagnosis to ensure compliance for proper notification for [REDACTED] positive result and room changes. All licensed nurses have been re-educated on change in condition notification and proper documentation. DON or designee with audit proper notification for [REDACTED] positive result</p>		

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F 580	<p>Continued From page 2</p> <p>included [REDACTED]</p> <p>[REDACTED] The annual Minimum Data Set (MDS), dated [REDACTED], indicated Resident #3 had a Brief Interview for Mental Status (BIMS) score of [REDACTED] indicating severe cognitive impairment. Resident #3 needed extensive assistance or was completely dependent on staff for all activities of daily living. Resident #3 was diagnosed with [REDACTED] on [REDACTED]. Resident #3 expired at the facility on [REDACTED].</p> <p>A review of the medical record revealed a progress note from the Nurse Practitioner (NP) on [REDACTED] at 7:24 PM. In the progress note, the NP indicated a conversation with the Power of Attorney (POA) about the plan for Resident #3 pending the results of the [REDACTED] test.</p> <p>On [REDACTED] at 5:17 AM, a nurse's note indicated a positive [REDACTED] result was received and the physician was made aware.</p> <p>On [REDACTED] at 12:48 PM, the NP's note indicated a conversation with the POA for Resident #3 informing the POA of the positive test result and that Resident #3 had been moved to the [REDACTED] unit within the facility.</p> <p>On [REDACTED] at 12:29 PM, a nursing note indicated a conversation with the POA updating him/her on Resident #3's clinical status. This was the first nursing note in the clinical record since Resident #3 was moved to the [REDACTED] unit on [REDACTED].</p> <p>On 01/18/2021 at 2:02 PM, the POA was interviewed via telephone. The POA stated no one from the facility had called to inform her of</p>	F 580	<p>and room changes resulting. Audit will be completed monthly for three months. Results of audit will be presented to Quality Assurance Steering Committee. The committee will determine the future needs/frequency of the audit.</p>	

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F 580	<p>Continued From page 3</p> <p>the test results and she assumed everything was OK until she received a call from the NP several days after Resident #3 was moved. The POA stated Resident #3 was tested on [REDACTED] and he/she did not know how long it would take to get the results. The POA indicated feeling very surprised when the NP called on [REDACTED] to discuss the next steps for care for Resident #3 because Resident #3 had tested positive and was moved to the [REDACTED] unit.</p> <p>On 01/19/2021 at 10:21 AM, the Director of Nursing (DON) was interviewed. The DON stated it was the expectation that the nurse who received the test results would call and inform the POA immediately of the results. The DON could not explain why the nurse had not informed the POA. The DON reviewed the clinical record and confirmed there was no evidence indicating the POA had been notified by the facility nursing staff.</p> <p>On 01/19/2021 at 12:55 PM, the Assistant Administrator (Assist Admin) was interviewed. He stated his expectation was the nursing staff would notify the POA as soon as they were made aware of the test results. He also would have expected to see documentation in the clinical record of the notification. The Assist Admin reviewed the clinical record and confirmed there was no evidence indicating the POA had been notified by the facility staff.</p> <p>On 01/21/2021 at 2:21 PM, Unit Manager (UM #2) was interviewed. UM #2 stated there should have been a progress note informing the family of the test results. UM #2 reviewed the clinical record and confirmed there was no evidence indicating the POA had been notified by the facility staff.</p>	F 580			

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F 580	Continued From page 4 New Jersey Administrative Code § 8:39-5.1(a)	F 580			