

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

PRINTED: 10/01/2021  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>315229</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>07/15/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>PHOENIX CENTER FOR REHABILITATION AND PEDIATRICS</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1433 RINGWOOD AVE HASKELL, NJ 07420</b>		
(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  Standard Survey: 7/15/21  Census: 101  Sample Size: 37  The facility is not in substantial compliance with the requirements of 42 CFR Part 483, Subpart B, for long term care facilities. Deficiencies were cited for this survey.	F 000			
F 658 SS=D	Services Provided Meet Professional Standards CFR(s): 483.21(b)(3)(i)  §483.21(b)(3) Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (i) Meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, it was determined the facility failed to follow acceptable standards of practice by not signing for treatments, splinting and positioning in the Electronic Treatment Administration Record (ETAR) for 4 of 12 residents (Resident #57, #22, #112 and #27) reviewed and evidenced by the following:  Reference: New Jersey Statutes, Annotated Title 45, Chapter 11. Nursing Board The Nurse Practice Act for the State of New Jersey states; "The practice of nursing as a registered professional nurse is defined as diagnosing and treating human responses to actual or potential physical and emotional health problems, through such services as case finding, health teaching,	F 658	On 7/14/2021, LPN assigned to resident #57, #22, #112, and #27 during the day shift from 7/7- 7/9 was counseled on missing signatures. LPN documented on 7/14/2021 that all treatments were rendered during his day shift from 7/7-7/9. LPN was in-serviced on Nursing Treatment Record on 7/ 14 /2021.  On 7/14/2021, Director of Nursing/designee reviewed all Electronic Treatment Administration Record (ETAR) for missing signatures for all residents. No other negative findings found.	9/3/21	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  <b>Electronically Signed</b>	TITLE	(X6) DATE <b>07/26/2021</b>
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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 658	<p>Continued From page 1</p> <p>health counseling, and provision of care supportive to or restorative of life and wellbeing, and executing medical regimens as prescribed by a licensed or otherwise legally authorized physician or dentist."</p> <p>Reference: New Jersey Statutes Annotated, Title 45, Chapter 11. Nursing Board. The Nurse Practice Act for the State of New Jersey states: "The practice of nursing as a licensed practical nurse is defined as performing tasks and responsibilities within the framework of case finding; reinforcing the patient and family teaching program through health teaching, health counseling and provision of supportive and restorative care, under the direction of a registered nurse or licensed or otherwise legally authorized physician or dentist."</p> <p>1. On 7/07/21 at 9:57 AM, the surveyor observed resident #57 in bed with eyes closed lying on a pressure relieving mattress, a [redacted] attached to the [redacted] in [redacted] progress and positioned with [redacted]. At 11:21 AM, the surveyor observed [redacted] on the resident.</p> <p>The surveyor reviewed Resident #57's Electronic Medical Record (EMR) which revealed the following:</p> <p>According to the Admission Record, the resident was admitted with [redacted] [redacted] [redacted].</p> <p>The Interdisciplinary Quarterly Progress Note indicated Resident #57 was [redacted] dependent and responded only to [redacted] (touch).</p>	F 658	<p>On 7/14/2021, Inservice Coordinator/designee initiated in-services on Nursing Treatment Record to all licensed nurses and will continue until all staff receives the education.</p> <p>Director of Nursing/designee will perform weekly audits on ETAR signatures for all residents for the first 3 months then quarterly thereafter. Any negative findings will have immediate corrective actions taken by Director of Nursing and reported to the Administrator. All findings of the audits will be presented during the QAPI meetings held quarterly by the Director of Nursing and will be ongoing until 100 percent compliant attained.</p>	

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F 658	<p>Continued From page 2</p> <p>The following physician orders for treatments observed on the ETAR had missing nurse's initials on the dates indicated below:</p> <ul style="list-style-type: none"> <li>- Bilateral comfy elbow splints every day and evening shift to be worn from AM to PM care</li> <li>-check skin before putting on and after taking off device, not signed on day shift 7/7/21-7/9/21.</li> <li>- <b>Executive Order 26, 4.b.</b> apply to dry patches every day and night, not signed on day shift <b>Executive Order 26, 4.b.</b> and <b>Executive Order 26, 4.b.</b></li> <li>- <b>Executive Order 26, 4.b.</b> to face every shift, not signed on day shift <b>Executive Order 26, 4.b.</b> and <b>Executive Order 26, 4.b.</b></li> <li>- <b>Executive Order 26, 4.b.</b> with <b>Executive Order 26, 4.b.</b></li> <li><b>Executive Order 26, 4.b.</b></li> <li><b>Executive Order 26, 4.b.</b></li> <li>7/7/21-7/9/21.</li> <li>- <b>Executive Order 26, 4.b.</b> every shift <b>Executive Order 26, 4.b.</b>, not signed on day shift <b>Executive Order 26, 4.b.</b></li> <li>- <b>Executive Order 26, 4.b.</b> every shift, <b>Executive Order 26, 4.b.</b> not signed on day shift <b>Executive Order 26, 4.b.</b></li> <li>- <b>Executive Order 26, 4.b.</b> with <b>Executive Order 26, 4.b.</b> every shift, not signed on day shift <b>Executive Order 26, 4.b.</b></li> </ul> <p>2. On 7/07/21 at 10:11 AM, the surveyor observed Resident #22 in bed with eyes closed, lying on a <b>Executive Order 26, 4.b.</b>, a <b>Executive Order 26, 4.b.</b> attached to the <b>Executive Order 26, 4.b.</b> and <b>Executive Order 26, 4.b.</b> was in progress. At 11:43 AM, the surveyor observed <b>Executive Order 26, 4.b.</b> to the <b>Executive Order 26, 4.b.</b></p> <p>The surveyor reviewed Resident #22's EMR which revealed the following:</p> <p>According to the Admission Record, the resident was admitted to the facility with <b>Executive Order 26, 4.b.</b></p>	F 658		

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F 658	<p>Continued From page 3</p> <p><b>Executive Order 26, 4.b.</b></p> <p>A <b>Executive Order 26, 4.b.</b> Interview for <b>Executive Order 26, 4.b.</b> was performed on <b>Executive Order 26, 4.b.</b> The facility assessed the resident with <b>Executive Order 26, 4.b.</b> which indicated the resident was <b>Executive Order 26, 4.b.</b></p> <p>The following physician orders for treatments observed on the ETAR had missing nurse's initials on the dates indicated below:</p> <ul style="list-style-type: none"> <li>- <b>Executive Order 26, 4.b.</b> every shift, check <b>Executive Order 26, 4.b.</b> every shift, not signed on day shift <b>Executive Order 26, 4.b.</b> and <b>Executive Order 26, 4.b.</b></li> <li>- <b>Executive Order 26, 4.b.</b> one time a day for preventing <b>Executive Order 26, 4.b.</b> from progressing. <b>Executive Order 26, 4.b.</b>, when <b>Executive Order 26, 4.b.</b> or <b>Executive Order 26, 4.b.</b> and/or <b>Executive Order 26, 4.b.</b>, off during PM care, check <b>Executive Order 26, 4.b.</b> and <b>Executive Order 26, 4.b.</b>, <b>Executive Order 26, 4.b.</b> or <b>Executive Order 26, 4.b.</b>, not signed day shift on <b>Executive Order 26, 4.b.</b> and <b>Executive Order 26, 4.b.</b></li> <li>- <b>Executive Order 26, 4.b.</b> every shift, not signed on day shift <b>Executive Order 26, 4.b.</b></li> <li>- <b>Executive Order 26, 4.b.</b> leave open to <b>Executive Order 26, 4.b.</b> a day, not signed on day shift <b>Executive Order 26, 4.b.</b> and <b>Executive Order 26, 4.b.</b></li> <li>- <b>Executive Order 26, 4.b.</b> to <b>Executive Order 26, 4.b.</b> every day from 8 am to 8 pm, not signed on day shift <b>Executive Order 26, 4.b.</b></li> <li>- Apply <b>Executive Order 26, 4.b.</b> to secure <b>Executive Order 26, 4.b.</b> three times a day, not signed on day shift <b>Executive Order 26, 4.b.</b> and <b>Executive Order 26, 4.b.</b></li> <li>- Keep <b>Executive Order 26, 4.b.</b> <b>Executive Order 26, 4.b.</b> with <b>Executive Order 26, 4.b.</b> until <b>Executive Order 26, 4.b.</b>, not signed on day shift <b>Executive Order 26, 4.b.</b> and <b>Executive Order 26, 4.b.</b></li> <li>- <b>Executive Order 26, 4.b.</b> care with <b>Executive Order 26, 4.b.</b> dressing upside down every shift, not signed on day shift <b>Executive Order 26, 4.b.</b> and <b>Executive Order 26, 4.b.</b></li> <li>- <b>Executive Order 26, 4.b.</b> change cleanse with <b>Executive Order 26, 4.b.</b> <b>Executive Order 26, 4.b.</b></li> </ul>	F 658		

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F 658	<p>Continued From page 4</p> <p>dressing every shift, not signed on day shift and _____ - <b>Executive Order 26, 4.b.</b> % apply to _____ _____ every shift for _____ not signed on day shift _____ &amp; _____.</p> <p>3. On 7/07/21 at 10:15 AM, the surveyor observed Resident #112 in bed with eyes closed lying on a <b>Executive Order 26, 4.b.</b> and a <b>Executive Order 26, 4.b.</b> <b>Executive Order 26, 4.b.</b>. At 11:53 AM, the surveyor observed a _____ was on the <b>Executive Order 26, 4.b.</b>.</p> <p>The surveyor reviewed Resident #112's EMR that revealed the following:</p> <p>According to the Admission Record, the resident was admitted with <b>Executive Order 26, 4.b.</b> _____.</p> <p>A _____ was performed on _____. The facility assessed the resident with a _____ which indicated the resident was <b>Executive Order 26, 4.b.</b></p> <p>The following physician orders for treatments observed on the ETAR had missing nurse's initials on the dates indicated below:</p> <ul style="list-style-type: none"> <li>- <b>Executive Order 26, 4.b.</b> every day to be worn from AM - PM care, skin checks to be made daily prior &amp; after application, not signed on day shift _____</li> <li>- <b>Executive Order 26, 4.b.</b> one time a day for to prevent _____ from progressing. On after AM care when out of the bed and off during PM care when going back to bed. _____ and _____ for _____ or _____ not signed on day shift 7/7/21.</li> </ul>	F 658		

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F 658	<p>Continued From page 5</p> <ul style="list-style-type: none"> <li>- <b>Executive Order 26, 4.b.</b> at all times, when <b>Executive Order 26, 4.b.</b> (a <b>Executive Order 26, 4.b.</b>) not in use every shift, not signed on day shift 7/7/21 and 7/8/21. <b>Executive Order 26, 4.b.</b> with <b>Executive Order 26, 4.b.</b> leave open to air every day and evening shift, not signed on day shift <b>Executive Order 26, 4.b.</b> and <b>Executive Order 26, 4.b.</b>.</li> <li>- <b>Executive Order 26, 4.b.</b> change use only large trach tie, cleanse with <b>Executive Order 26, 4.b.</b> to neck and pad with <b>Executive Order 26, 4.b.</b> dressing every day and evening shift, not signed on day shift <b>Executive Order 26, 4.b.</b>.</li> <li>- <b>Executive Order 26, 4.b.</b> every shift for <b>Executive Order 26, 4.b.</b> Indicate start of <b>Executive Order 26, 4.b.</b> and <b>Executive Order 26, 4.b.</b> of <b>Executive Order 26, 4.b.</b>. If not <b>Executive Order 26, 4.b.</b> N/A, not signed on day shift <b>Executive Order 26, 4.b.</b>.</li> <li>- <b>Executive Order 26, 4.b.</b> care cleanse with <b>Executive Order 26, 4.b.</b> every shift, not signed on day shift <b>Executive Order 26, 4.b.</b>.</li> </ul> <p>4. On 07/07/21 at 10:19 AM, the surveyor observed Resident #27 in bed with eyes closed, lying on a <b>Executive Order 26, 4.b.</b> and a <b>Executive Order 26, 4.b.</b> <b>Executive Order 26, 4.b.</b>.</p> <p>The surveyor reviewed Resident #27's EMR that revealed the following:</p> <p>According to the Admission Record, the resident was admitted to the <b>Executive Order 26, 4.b.</b></p> <p>A <b>Executive Order 26, 4.b.</b> was performed on <b>Executive Order 26, 4.b.</b> The facility assessed the resident with <b>Executive Order 26, 4.b.</b> which indicated the resident was <b>Executive Order 26, 4.b.</b></p> <p>The following physician orders for treatments observed on the ETAR had missing nurse's initials on the dates indicated below:</p>	F 658			

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F 658	Continued From page 6  - Executive Order 26, 4.b. Executive Order 26, 4.b. with soap and warm water, pat dry and apply Executive Order 26, 4.b. every shift, not signed on day shift Executive Order 26, 4.b. - Executive Order 26, 4.b. give Executive Order 26, 4.b. every shift for Executive Order 26, 4.b. Use Executive Order 26, 4.b. for oral care, not signed on day shift Executive Order 26, 4.b. - Executive Order 26, 4.b. with a Executive Order 26, 4.b. every shift, not signed on day shift Executive Order 26, 4.b. Executive Order 26, 4.b. - Executive Order 26, 4.b. every shift, Perform Executive Order 26, 4.b. to Executive Order 26, 4.b. 2-4 reps or as tolerated especially to Executive Order 26, 4.b. & Executive Order 26, 4.b. before Executive Order 26, 4.b., not signed on day shift Executive Order 26, 4.b. - Executive Order 26, 4.b. every shift, Executive Order 26, 4.b. before Executive Order 26, 4.b. and Executive Order 26, 4.b. To be applied on at all times, not signed on day shift Executive Order 26, 4.b. - Executive Order 26, 4.b. care with Executive Order 26, 4.b. Executive Order 26, 4.b. down every shift, not signed on day shift Executive Order 26, 4.b. and Executive Order 26, 4.b. - Executive Order 26, 4.b. cleanse with Executive Order 26, 4.b. Executive Order 26, 4.b. to Executive Order 26, 4.b. with Executive Order 26, 4.b. Executive Order 26, 4.b. every shift, not signed on day shift Executive Order 26, 4.b. and Executive Order 26, 4.b. Executive Order 26, 4.b. to Executive Order 26, 4.b. Executive Order 26, 4.b. ea with soap and water, dry well, apply Executive Order 26, 4.b. every shift, not signed on day shift Executive Order 26, 4.b. - Executive Order 26, 4.b. apply to Executive Order 26, 4.b. topically, Wash both Executive Order 26, 4.b. with Executive Order 26, 4.b., dry well, apply Executive Order 26, 4.b. every shift, not signed on day shift Executive Order 26, 4.b. Executive Order 26, 4.b. - Executive Order 26, 4.b. apply to Executive Order 26, 4.b. site topically every shift, not signed on day shift Executive Order 26, 4.b. - Executive Order 26, 4.b. apply to Executive Order 26, 4.b. area Executive Order 26, 4.b. every shift for Executive Order 26, 4.b. Executive Order 26, 4.b. every Executive Order 26, 4.b., not signed on day shift	F 658		

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F 658	<p>Continued From page 7</p> <p><b>Executive Order 26, 4.b.</b></p> <p>- <b>Executive Order 26, 4.b.</b> with <b>Executive Order 26, 4.b.</b> <b>Executive Order 26, 4.b.</b> <b>Executive Order 26, 4.b.</b> <b>Executive Order 26, 4.b.</b>), not signed on day shift <b>Executive Order 26, 4.b.</b> at 12 noon.</p> <p>On 7/13/21 at 10:25 AM, the surveyor interviewed the Licensed Practical Nurse (LPN#1) on the <b>Executive Order 26, 4.b.</b> wing who stated that she checks to make sure the <b>Executive Order 26, 4.b.</b> before signing the ETAR and she signs the ETAR after performing the treatments as ordered. The surveyor interviewed LPN #2 on the <b>Executive Order 26, 4.b.</b> wing who stated she checks the <b>Executive Order 26, 4.b.</b> are on before signing the ETAR and she signs the ETAR after she performs the treatments.</p> <p>On 7/14/15 at 1:30 PM, the surveyor discussed the above concern with the Administrator, Assistant Administrator and Director of Nursing (DON). The DON agreed that the ETAR should be signed.</p> <p>A review of the facility's policy titled Nursing Treatment Records dated January 2017 indicated under Procedure #3 to "initial ETAR and document any significant findings."</p>	F 658		
F 698 SS=D	<p>NJAC 8:39-27.1(a) Dialysis CFR(s): 483.25(l)</p> <p>§483.25(l) Dialysis. The facility must ensure that residents who require dialysis receive such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences. This REQUIREMENT is not met as evidenced</p>	F 698		9/3/21



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F 698	<p>Continued From page 8</p> <p>by: Based on observation, interview, and record review it was determined the facility failed to consistently assess and monitor the [redacted] access site before and after administration of [redacted] for [redacted] residents (Residents #80, #96) reviewed for [redacted]. The deficient practice is as follows:</p> <p>1. The surveyor observed and interviewed Resident #80 on 7/12/21 at 2:10 PM. The resident stated he/she received [redacted], leaving the facility [redacted] and returning at approximately [redacted]. The resident stated the nurse does not routinely check the access site, an [redacted] in the [redacted] from [redacted].</p> <p>A review of the resident's hybrid medical record revealed the following.</p> <p>The Admission Record included the diagnoses of [redacted].</p> <p>The 5/18/21 quarterly [redacted] assessment tool [redacted], indicated the resident was [redacted] with [redacted] or [redacted]. Additionally, the resident was assessed to be receiving [redacted].</p> <p>The 7/2021 Order Summary Report included physician orders for [redacted]; [redacted] monitoring [redacted]; checking the [redacted] in the [redacted] for condition and function on departure from facility [redacted]; checking for any changes to</p>	F 698	<p>On 7/13/2021 [redacted] residents # 80 and #96 access site were assessed by Assistant Director of Nursing (ADON). Resident #80 [redacted] was assessed and Resident 96 [redacted] was assessed by ADON. No negative findings were found.</p> <p>On 7/ 13/2021 Director of Nursing/designee reviewed all other [redacted] patients. No other negative findings found.</p> <p>On 7/13/2021, Inservice Coordinator/designee initiated in services to all licensed nurses on the Nursing [redacted] Resident Care Policy to assess the access site before going to [redacted] and to check the [redacted] for [redacted], presence/absence [redacted] and swelling immediately after resident returns. Inservice will continue until all license nurses receives the education.</p> <p>Director of Nursing/designee will perform weekly audits on documentation on pre/post assessment for all [redacted] residents for the first 3 months then quarterly thereafter. Any negative findings will have immediate corrective actions taken by Director of Nursing and reported to the Administrator. All findings of the audits will be presented during the QAPI meetings held quarterly by the Director of Nursing and will be ongoing until 100</p>



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NAME OF PROVIDER OR SUPPLIER  <b>PHOENIX CENTER FOR REHABILITATION AND PEDIATRICS</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1433 RINGWOOD AVE HASKELL, NJ 07420</b>		
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F 698	<p>Continued From page 10 returning at approximately [redacted]. The resident stated the nurses do not routinely check the [redacted] access site (Executive Order 26, 4.b. - [redacted] ) [redacted] or [redacted].</p> <p>A review of the resident's hybrid medical record revealed the following.</p> <p>The Admission Record included the [redacted] and [redacted] upon [redacted].</p> <p>The 5/18/21 quarterly MDS indicated the resident was [redacted] with [redacted] or [redacted] [redacted]. Additionally, the resident was assessed to be receiving renal [redacted].</p> <p>The 7/2021 Order Summary Report included physician orders for [redacted] [redacted] week; physician orders for monitoring of the [redacted] (Executive Order 26, 4.b.) every shift for condition and function. Check area around [redacted] for [redacted] and [redacted]. Ensure protective caps are on and [redacted] is [redacted].</p> <p>The 2/13/21 Care Plan for [redacted] and dependence upon [redacted] included the following nursing interventions. Monitor [redacted] [redacted], and [redacted]. [redacted] Document and report to physician as indicated. Do daily.</p> <p>A review of nursing Progress Note for the period from [redacted] revealed one nursing note describing an assessment of the [redacted].</p>	F 698		

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F 698	<p>Continued From page 11</p> <p>The Facility, [redacted] Center Information Exchange form (also called the [redacted] communication sheet) was divided into three sections. The top section was to be filled out by the facility nurse [redacted]. The middle section was to be filled out by the [redacted] nurse. The bottom section was to be filled out by the facility nurse when the resident returned to the facility after completing [redacted]. The top and bottom portions of the form did not contain areas to prompt the facility nurse to document an assessment of the [redacted] before and after [redacted].</p> <p>The surveyor interviewed the Licensed Practical Nurse (LPN) assigned to Residents #96 and #80 on 07/13/21 at 9:16 am. The LPN stated prior to leaving for [redacted] the residents have their [redacted] [redacted] checked. She stated she documents the [redacted] on the [redacted] communication sheet. She stated the [redacted] access site is checked by the assigned nurse when the resident returns from [redacted]. She stated assessments should be documented in a nursing Progress Note. She did not provide an explanation as to why the [redacted] access site assessments were not consistently documented in the nursing Progress Notes.</p> <p>The surveyor interviewed the Registered Nurse Unit Manager, Assistant Director of Nursing on 7/13/21 at 9:24 AM. She stated a set of vitals is taken before the resident is transported to the [redacted]. She stated this included the [redacted], [redacted]. She stated a nurse is present at the time of transport off the unit and when the resident returns from [redacted]. She stated the same vital signs are</p>	F 698		

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F 698	Continued From page 12 obtained when the resident returns to the unit after [redacted]  She further stated the [redacted] taken prior to transport to [redacted] is documented on the [redacted] communication sheet; all other assessment information is documented in nurse Progress Notes. She was unable to explain why the assessment and monitoring of access sites was not consistently documented in nurse Progress Notes. She stated it should have been documented in a progress note [redacted]  The surveyor discussed the concerns with the Director of Nursing (DON) and the Administrator on 7/13/21 at 1:47 PM regarding the omissions of documentation of access site monitoring and assessment.  The DON provided the surveyor with an undated facility policy for Nursing [redacted] Resident Care. Procedures #2 and #7 instructed staff to check the [redacted] for [redacted] presence/absence of [redacted] and [redacted] immediately after resident [redacted]; all shifts will be aware of residents with [redacted], and observe for [redacted].	F 698			
F 880 SS=D	NJAC 8:39-2.9; 27.1(a) Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f)  §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the	F 880		9/3/21	

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F 880	<p>Continued From page 13 development and transmission of communicable diseases and infections.</p> <p>§483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements:</p> <p>§483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards;</p> <p>§483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to:</p> <ul style="list-style-type: none"> <li>(i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility;</li> <li>(ii) When and to whom possible incidents of communicable disease or infections should be reported;</li> <li>(iii) Standard and transmission-based precautions to be followed to prevent spread of infections;</li> <li>(iv) When and how isolation should be used for a resident; including but not limited to: <ul style="list-style-type: none"> <li>(A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and</li> <li>(B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.</li> </ul> </li> </ul>	F 880			

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F 880	<p>Continued From page 14</p> <p>(v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and</p> <p>(vi) The hand hygiene procedures to be followed by staff involved in direct resident contact.</p> <p>§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.</p> <p>§483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.</p> <p>§483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review and policy review, it was determined that the facility failed to maintain proper infection control practices during a [redacted] treatment observation for 1 of 1 residents reviewed, Resident #35, as evidenced by the following:</p> <p>The surveyor reviewed the record of Resident # 35 which revealed that the resident wa [redacted]</p> <p>[redacted]</p> <p>It also revealed that the resident had a [redacted]</p> <p>A review of the July 2021 Physician's Order Sheet revealed an [redacted] Executive Order 26, 4.b., to the [redacted] with Executive Order 26, 4.b.</p>	F 880	<p>On 7/12/2021 LPN was in-serviced on the Dressing Changes, [redacted] Treatments to remind her that unused supplies during [redacted] treatment must be discarded. All supplies used during the [redacted] treatment observation that was brought to the treatment cart from resident's room were discarded. All items from the treatment cart were removed and cart was disinfected by LPN. LPN completed [redacted] treatment competency on 7/13/21 and passed.</p> <p>On 7/12/2021 Assistant Director of Nursing/designee started competencies on [redacted] treatment on all licensed nurses</p>	

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F 880	<p>Continued From page 15</p> <p><b>Executive Order 26, 4.b.</b> then cover with a <b>Executive Order 26, 4.b.</b> on <b>Executive Order 26, 4.b.</b> and <b>Executive Order 26, 4.b.</b></p> <p>On 7/12/21 at 9:22 AM, the surveyor observed the Licensed Practical Nurse (LPN) perform a <b>Executive Order 26, 4.b.</b> on Resident # 35's <b>Executive Order 26, 4.b.</b>. The LPN obtained a new and unopened bottle <b>Executive Order 26, 4.b.</b>, a pack of 4 x 4 gauze pads and an unlabeled, opened and dated container of <b>Executive Order 26, 4.b.</b> from the treatment cart.</p> <p>The LPN placed these supplies onto a clean field inside the resident's room. Upon completion of the <b>Executive Order 26, 4.b.</b> care treatment, the LPN dated the opened NSS bottle and placed it back into the treatment cart. The LPN also placed the partially used pack of 4 x 4 gauze pads and the partially used container of collagen powder back into the treatment cart.</p> <p>At 10:35 AM, the surveyor interviewed the LPN regarding the supplies being placed back into the treatment cart after they were inside of the resident's room. The LPN stated that she was not aware that it was an "issue" to place the supplies back into the treatment cart.</p> <p>The surveyor reviewed the policy and procedure titled "Dressing Changes/<b>Executive Order 26, 4.b.</b> Treatments" which was updated 7/13/21. The policy and procedure indicated to "Pack enough amount of supply to bring in the designated area" and to "Discard unused supplies."</p> <p>On 7/12/21 at 1:02 PM, the surveyor brought these findings to the Administrator and Director of Nursing (DON). The DON stated that the supplies should not have been placed back into</p>	F 880	<p>and will continue until all nurses are completed. No other negative findings found.</p> <p>On 7/12/2021 all licensed nurses were in serviced by Inservice Coordinator/designee on Dressing Changes <b>Executive Order 26, 4.b.</b> Treatments and will continue until all staff receives the education.</p> <p>Director of Nursing/designee will perform weekly audits on <b>Executive Order 26, 4.b.</b> treatment competencies the first 3 months then quarterly thereafter. Any negative findings will have immediate corrective actions taken by Director of Nursing and reported to the Administrator. All findings of the audits will be presented during the QAPI meetings held quarterly by the Director of Nursing and will be ongoing until 100 percent compliant attained.</p> <p>DPOC: After reviewing the incident with Director of Nursing, Infection Control Nurse, and the LPN, the team have determined that regardless of staff having previous education on Dressing Changes/<b>Executive Order 26, 4.b.</b> Treatment policy and previous <b>Executive Order 26, 4.b.</b> Treatment Competencies completed, the staff was nervous and forgetful around the surveyor which led her to not follow our policy. Directed In-services has been initiated on 7/22/2021 and will be ongoing until all staff are able to complete. Topline staff and infection preventionist will view</p>	



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F 880	Continued From page 16 the treatment cart.  NJAC 8:39-19.4(a)	F 880	assigned videos on Nursing Home Infection Preventionists Training Course: Module 1, Module 5, Module 6A, Module 6B & Module 11A. All staff will view assigned video on CDC Covid-19 Prevention Messages for Front Line Long-Term Care Staff: Keep COVID-19 Out, Module 6A and Module 6B.		

## STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 061628	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	Y2	DATE OF REVISIT 9/10/2021	Y3
NAME OF FACILITY PHOENIX CENTER FOR REHABILITATION AND PEDIATRICS			STREET ADDRESS, CITY, STATE, ZIP CODE 1433 RINGWOOD AVE HASKELL, NJ 07420		

This report is completed by a State surveyor to show those deficiencies previously reported 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 State Survey Report (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 S0560	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # 8:39-5.1(a)	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____	09/03/2021	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 7/15/2021		<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		