

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

PRINTED: 05/28/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315429	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 01/25/2023
NAME OF PROVIDER OR SUPPLIER CLOVER REST HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 28 WASHINGTON STREET COLUMBIA, NJ 07832		
(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 Complaints : NJ152146 Census: 33 Sample 5: 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 686 SS=D	Treatment/Svcs to Prevent/Heal Pressure Ulcer CFR(s): 483.25(b)(1)(i)(ii) §483.25(b) Skin Integrity §483.25(b)(1) Pressure ulcers. Based on the comprehensive assessment of a resident, the facility must ensure that- (i) A resident receives care, consistent with professional standards of practice, to prevent pressure ulcers and does not develop pressure ulcers unless the individual's clinical condition demonstrates that they were unavoidable; and (ii) A resident with pressure ulcers receives necessary treatment and services, consistent with professional standards of practice, to promote healing, prevent infection and prevent new ulcers from developing. This REQUIREMENT is not met as evidenced by: Based on interview, review of medical records (MR) and pertinent facility documents on 1/19/23 and 1/25/23, it was determined that the facility failed to reassess and provide care for [redacted] in accordance with professional standards of practice for 1 of 3 residents (Resident #3) reviewed for [redacted] NJ Exec Order 26.4b1. The deficient	F 686	F686 SS=D 1. The affected resident was no longer in the facility when the survey/SOD took place A) DON/Designee reviewed all patients with pressure ulcers (PU) to see that there were current orders for the treatment of all	3/24/23	

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

TITLE

(X6) DATE

Electronically Signed

03/09/2023

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 686	<p>Continued From page 1</p> <p>practice is evidenced by the following:</p> <p>1. According to the Admission Record (AR), Resident #3 was admitted to the facility on [redacted] with diagnoses that included but were not limited to: NJ Exec Order 26.4b1</p> <p>The Minimum Data Set (MDS), an assessment tool, dated [redacted], revealed a Brief Interview for Mental Status (BIMS) score of [redacted] which indicated NJ Exec Order 26.4b1 and required extensive assistance with Activities of Daily Living (ADL).</p> <p>The Nursing Evaluation Collection (NEC), an admission nursing assessment form, revealed that Resident #3 had a NJ Exec Order 26.4b1 and an NJ Exec Order 26.4b1</p> <p>The Order Summary Report (OSR), a physician order record, revealed the following: [redacted] which started on [redacted]. Apply NJ Exec Order 26.4b1 to [redacted] every shift which started on [redacted]</p> <p>The care plan (CP) for the risk for [redacted] was initiated on [redacted]. Goals and interventions included but were not limited to: Administer treatment to [redacted] monitor effectiveness; NJ Exec Order 26.4b1; notify MD of any [redacted] concerns and initiate treatment promptly.</p> <p>The Progress Note (PN) revealed the following: on [redacted], the Director of Nursing (DON) documented an NJ Exec Order 26.4b1 to the [redacted] of</p>	F 686	<p>wounds and Primary Provider (PP) was contacted for orders if there were any missing.</p> <p>B) A chart review was conducted to ensure that care plans (CP) for risk of skin break down were completed and are being followed for all residents with PU</p> <p>C) The electronic medical record(EMR) was reviewed to ensure that there was documentation recording that the PP orders were being completed. Any missing documentation was recorded and the DON was notified and findings were submitted to QA committee.</p> <p>2. All residents with pressure ulcers and those with a risk of developing pressure ulcers could have been affected by the deficient practice.</p> <p>A review of the pressure ulcers/skin breakdown <input type="checkbox"/> clinical protocol was completed.</p> <p>Updates were made as needed. These updates included the ensuring that the Certified nurses assistants (CNA's) were notifying the nurses of any skin breakdowns and the nurses were notifying the PP to obtain treatment orders</p> <p>3 All nursing staff, CNA's, Licensed practice nurses, and registered nurses were inserviced on the pressure ulcers/skin breakdown <input type="checkbox"/> clinical protocol They were inserviced on documenting care completed in the EMR and point of care documentation. it is not enough that the care was performed but it must also be documented that it was done. In</p>	

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F 686	<p>Continued From page 2</p> <p>the [redacted] NJ Exec Order 26.4b1, and [redacted] NJ Exec Order 26.4b1. On [redacted] NJ Exec Order 26.4b1, the attending Nurse Practitioner (NP) documented [redacted] NJ Exec Order 26.4b1 measurement as per nursing notes. There was no documentation in the PN to indicate that the [redacted] NJ Exec Order 26.4b1 were reassessed and measured after they were initially noted on [redacted] NJ Exec Order 26.4b1 for the [redacted] NJ Exec Order 26.4b1 and on [redacted] NJ Exec Order 26.4b1 for the [redacted] NJ Exec Order 26.4b1.</p> <p>The [redacted] NJ Exec Order 26.4b1 Electronic Medical Record (ETAR) revealed that the treatment for the [redacted] NJ Exec Order 26.4b1 started on [redacted] NJ Exec Order 26.4b1. The ETAR reflected to apply [redacted] NJ Exec Order 26.4b1 every day and evening. There was no documentation that the treatment was performed on [redacted] NJ Exec Order 26.4b1 day and evening, [redacted] NJ Exec Order 26.4b1 day [redacted] NJ Exec Order 26.4b1, and [redacted] NJ Exec Order 26.4b1 evenings. The treatment for the [redacted] NJ Exec Order 26.4b1 was started on [redacted] NJ Exec Order 26.4b1 every shift, and there was no documentation on [redacted] NJ Exec Order 26.4b1 and [redacted] NJ Exec Order 26.4b1 evening, and [redacted] NJ Exec Order 26.4b1 night. Additionally, there was no documentation in the ETAR for weekly [redacted] NJ Exec Order 26.4b1.</p> <p>During an interview with the License Practical Nurse (LPN) on 1/19/23 at 1:13PM, she stated that the nurse who assessed the [redacted] NJ Exec Order 26.4b1 on admission is responsible for calling the primary physician (PP) for [redacted] NJ Exec Order 26.4b1 orders and entering the orders in Electronic MR (EMR). She explained that [redacted] NJ Exec Order 26.4b1 treatments performed by the nurses is documented in the ETAR, and if not documented, it means it was not done. Additionally, resident who requires an [redacted] NJ Exec Order 26.4b1 needs a physician's order with setting instructions. The order is entered into the EMR and nurses document every shift in the TAR to show that [redacted] NJ Exec Order 26.4b1 was checked. She further explained that the former Assistant DON used to</p>	F 686	<p>services were also conducted on the importance of following the care plan and all PP orders-and when unfavorable outcomes are observed to notify the nurse immediately.</p> <p>4 Using an audit tool DON or Designee will Audit all residents with PUs to ensure that there are weekly wound care measurements and recommendations for all wounds in the EMR. Audits will also be conducted to ensure there are Provider orders addressing the Nurse practitioner wound treatment recommendations and along with nurses documentation that the orders are being executed and documented as such. These audits will take place at a minimum of 2X a month until greater than 90% compliance is achieved for 3 consecutive months. 5. The result of the Audits will be presented at the QA/QAPI Quarterly meeting</p>	

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F 686	<p>Continued From page 3</p> <p>complete the weekly ^{NJ Exec Order 26.4b1} until the end of ^{NJ Exec Order 26.4b1}. After that, the staff nurses or the DON began doing it. However, the LPN could not explain why there was no ^{NJ Exec Order 26.4b1} ordered for the ^{NJ Exec Order 26.4b1} until ^{NJ Exec Order 26.4b1} and no weekly ^{NJ Exec Order 26.4b1}.</p> <p>During an interview with the NP post survey on 2/15/23 at 12:18 PM, she stated that she expects nurses to call her or the PP for treatment orders for new or existing ^{NJ Exec Order 26.4b1}. She could not recall the Resident but stated that there should have been an order for the ^{NJ Exec Order 26.4b1} if she was notified.</p> <p>During an interview with the DON on 1/19/23 at 1:35 PM, she stated that the attending nurse must call the PP for ^{NJ Exec Order 26.4b1} orders. ^{NJ Exec Order 26.4b1} must be documented in the EMR by the nurses, and if not documented, it was not performed. ^{NJ Exec Order 26.4b1} does not require a doctor's order. The DON could not explain why Resident #1 was not provided treatment for ^{NJ Exec Order 26.4b1} until ^{NJ Exec Order 26.4b1}, and ^{NJ Exec Order 26.4b1} was not documented in the EMR or PN. However, she acknowledged that the treatment should have been initiated and ^{NJ Ex. Order 26.4(b)(1)} measurement should have been done.</p> <p>A review of the facility policy on "Pressure Ulcers/Skin Breakdown- Clinical Protocol" revised 4/2018 indicated that the nurse shall describe and document/report full assessment of the pressure sore ...the physician will order pertinent wound treatments and help identify medical interventions related to the wound management.</p> <p>NJAC 8:39-27.1(e)</p>	F 686			

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POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 315429	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	Y2	DATE OF REVISIT 4/5/2023	Y3
NAME OF FACILITY CLOVER REST HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 28 WASHINGTON STREET COLUMBIA, NJ 07832		

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 F0686	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # 483.25(b)(1)(i)(ii)	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____	03/24/2023	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 1/25/2023	<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
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