

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

PRINTED: 03/16/2023  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>315514</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>09/03/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>EXCEL CARE AT EGG HARBOR</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>6818 DELILAH ROAD</b> <b>EGG HARBOR TOWNSHIP, NJ 08234</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  COMPLAINT#: NJ146328  CENSUS: 71  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 VISIT.	F 000			
F 842 SS=B	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,	F 842		10/15/21	

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

TITLE

(X6) DATE

Electronically Signed

09/28/2021

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>regardless of the form or storage method of the records, except when release is-</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>	F 842			

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F 842	<p>Continued From page 2</p> <p>(v) Physician's, nurse's, and other licensed professional's progress notes; and</p> <p>(vi) Laboratory, radiology and other diagnostic services reports as required under §483.50. This REQUIREMENT is not met as evidenced by:</p> <p>Complaint#: NJ146328</p> <p>Based on observations, interviews, medical record reviews, and review of other pertinent facility documentation on 9/3/2021, it was determined that the facility failed to maintain accurate medical records that included care conference notes and Activities of Daily Living (ADLs) sheets documentation for 3 of 3 residents (Resident #1, #2, and #3). The facility also failed to follow its policies titled "Interdisciplinary Team Care Conferences" and "Charting and Documentation." This deficient practice was evidenced by the following:</p> <p>Review of the Medical Records (MRs) were as follows:</p> <p>1. According to the facility Admission Face Sheet (AFS), Resident #1 was admitted to the facility on [REDACTED] with diagnoses which included but were not limited to: [REDACTED].</p> <p>A review of the Minimum Data Set (MDS), an assessment tool dated [REDACTED], showed Resident #1 had a Brief Interview of Mental Status (BIMS) score of [REDACTED], indicating the resident was [REDACTED]. The MDS also showed Resident #1 needed extensive assistance with ADLs.</p>	F 842	<p>1. How the corrective action will be accomplished for those residents how have been affected by the deficient practice:</p> <p>It was found and determined that there was a deficient practice for Resident #1, Resident #2, and Resident #3. The deficient practice was rectified in that the care conference note was placed in Resident #2 chart. Resident #1, Resident #2 and Resident #3 were discharged at time of survey.</p> <p>2. How the facility will identify other residents having the potential to be affected by the same deficient practice:</p> <p>All Residents residing in the facility have the potential to be affected by the deficient practice.</p> <p>3. What measures will be put into place or systematic changes made to ensure the deficient practice will not recur:</p> <p>DON or designee will ensure care conference notes are placed in patient chart in the social work tab and/or documented in patient EMR care conference note tab.</p> <p>DON or designee will ensure ADL sheets</p>		

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F 842	<p>Continued From page 3</p> <p>Review of Resident #1's Care Plan (CP) revealed Under "Goal" showed "I will show improvement in self-performance ADL tasks and return to the prior level of function through next review date of 9/9/2021. Under "Interventions," revealed " ...I require extensive assist with transfers and dressing ..."</p> <p>2. According to the facility Nursing Admission Assessment (NAA), Resident #2 was admitted to the facility on [REDACTED] with diagnoses which included but were not limited to: [REDACTED]</p> <p>[REDACTED] A review of the NAA also showed Resident #2 needed extensive assistance with ADLs.</p> <p>A review of the MDS dated [REDACTED] showed Resident #2 had a BIMS of [REDACTED], indicating the resident was [REDACTED].</p> <p>A review of Resident #2's CP revealed Under "Goal" showed "I will maintain skin integrity x 90 days, target date 9/24/2021. Under "Interventions" revealed " ...Incontinence Care PRN (as needed), Monitor elimination pattern for changes plan and implement toileting ..."</p> <p>Review of Resident #2's CP revealed Under "Goal" showed "I will tolerate tube feeding without complications (i.e., nausea /vomiting/ diarrhea/ constipation/ aspiration) x 3 months ..., target date 9/24/2021. Under "Interventions" revealed: Provide peg (percutaneous endoscopic gastrostomy) tube feeding as ordered ..." (a feeding tube to receive nutrition directly through</p>	F 842	<p>are completed timely and accurately, then stored for 5 years in designated location.</p> <p>4. How will the facility monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur: The DON or designee will audit care conference notes and ADL sheets weekly x4, monthly x2 and report findings to Quality Assurance Committee. Plan of Correction date is October 15th 2021.</p>	

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F 842	<p>Continued From page 4 the stomach).</p> <p>During an interview on 9/3/2021 at 12:55 p.m., the Administrator stated the family of Resident #2 sent him an email on 6/26/2021 with a list of concerns. So, a care conference was set up on 6/28/2021 to address his concerns. The Administrator further stated all the concerns were resolved by the end of the meeting. The Social Worker (SW), Physical Therapist, and the nurses involved with the resident's care were in attendance. The SW wrote the care conference notes.</p> <p>During a second interview on 9/3/2021 at 3:20 p.m., the Administrator stated the care conference notes were documented on paper and recorded in the medical record under the Social Services tab. However, the Administrator was unable to provide the care conference notes at the time of the survey, and stated the SW no longer works at the facility.</p> <p>3. According to the AFS, Resident #3 was admitted to the facility on [REDACTED] with diagnoses which included but were not limited to <b>NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1.</b> [REDACTED].</p> <p>A review of the MDS, an assessment tool dated 8/26/2021, showed Resident #3 had a Brief Interview of Mental Status (BIMS) score of [REDACTED], indicating the resident had [REDACTED]. The MDS also showed Resident #3 needed limited assistance with ADLs.</p> <p>Review of Resident #3's CP revealed Under "Goal" showed "I will show improvement in</p>	F 842			

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F 842	<p>Continued From page 5</p> <p>self-performance ADL tasks and return to a prior level of function through next review, target date 11/21/2021. Under "Interventions," revealed " ...I require limited assist with bed mobility and hygiene ..."</p> <p>During an interview on 9/3/2021 at 8:55 a.m., in the presence of the Director of Nursing (DON), the Administrator stated the Certified Nursing Assistants (CNAs) documented their ADL care on paper.</p> <p>During a phone interview on 9/3/2021 at 1:50 p.m., the CNA stated he documented the care provided on the ADL sheets. However, the surveyor reviewed the MR for Resident #1, Resident #2 and Resident #3 and was unable to locate the ADL sheets.</p> <p>During the survey the Surveyor requested the ADL sheets for all three residents from the Administrator, but the sheets were not provided.</p> <p>Review of the facility policy titled "Interdisciplinary Team Care Conferences", effective date December 27, 2019 indicated the following: Under "Procedure" revealed "The social worker will invite any residents (as appropriate) to all conferences and document resident's choice to attend along with any family or representative they want to attend. At the IDC care conference, the following team members will attend and are responsible for the outlined duties: ...Social Worker will lead the meeting ensuring all team members are in attendance ...documents the details of the meeting and any additional concerns or information and ensures all IDC team members, the resident and responsible</p>	F 842			

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F 842	Continued From page 6 party sign for attendance."  Review of the facility policy titled "Charting and Documentation", initiated March 2013 indicated the following: Under "Policy Statement" revealed "All services provided to the resident, or any changes in the resident's medical or mental condition shall be documented in the resident's medical record." Under "Policy, Interpretation and Implementation" indicated 1. All observations, medications administered, services performed, etc., must be documented in the resident's clinical records ..."  N.J.A.C.: 8:39-35.2(g)	F 842			