

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>03009</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>05/24/2023</b>
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NAME OF PROVIDER OR SUPPLIER  <b>PROMEDICA TOTAL REHAB + (MOORESTOWN)</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>212 MARTER AVENUE MOORESTOWN, NJ 08057</b>
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S 000	<p>Initial Comments</p> <p>COMPLAINT#: NJ164303</p> <p>Census: 90</p> <p>Sample: 4</p> <p>The facility is not in compliance with the Standards in the New Jersey Administrative Code, Chapter 8:39, Standards for Licensure of Long Term Care Facilities. The facility must submit a plan of correction, including a completion date, for each deficiency and ensure that the plan is implemented. Failure to correct deficiencies may result in enforcement action in accordance with the Provisions of the New Jersey Administrative Code, Title 8, Chapter 43E, Enforcement of Licensure Regulations.</p>	S 000		
S 560	<p>8:39-5.1(a) Mandatory Access to Care</p> <p>(a) The facility shall comply with applicable Federal, State, and local laws, rules, and regulations.</p> <p>This REQUIREMENT is not met as evidenced by: Complaint#NJ 164303</p> <p>Based on interview and review of pertinent facility documentation, it was determined that the facility failed to maintain the required minimum direct care staff to resident ratios as mandated by the</p>	S 560	<p>The administrator with Human Resources reviewed the facilities hiring and retention program. Facility CNA rates and incentives were reviewed. Reviewed contracts and rates with staffing agency the facility reviewed the onboarding process as well as technology options to expedite the</p>	6/27/23

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

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S 560	<p>Continued From page 1</p> <p>State of New Jersey. This was evident for 7 of 14 nursing shifts reviewed for 5/07/2023 to 5/20/2023 for the 5/24/2023 Complaint survey at Promedica Moorestown:</p> <p>Findings include:</p> <p>Reference: New Jersey Department of Health (NJDOH) memo, dated 01/28/2021, "Compliance with N.J.S.A. (New Jersey Statutes Annotated) 30:13-18, new minimum staffing requirements for nursing homes," indicated the New Jersey Governor signed into law P.L. 2020 c 112, codified at N.J.S.A. 30:13-18 (the Act), which established minimum staffing requirements in nursing homes. The following ratio(s) were effective on 02/01/2021:</p> <p>One Certified Nurse Aide (CNA) to every eight residents for the day shift.</p> <p>One direct care staff member to every 10 residents for the evening shift, provided that no fewer than half of all staff members shall be CNAs, and each direct staff member shall be signed in to work as a CNA and shall perform nurse aide duties: and</p> <p>One direct care staff member to every 14 residents for the night shift, provided that each direct care staff member shall sign in to work as a CNA and perform CNA duties.</p> <p>As per the "Nurse Staffing Report" completed by the facility for the weeks of 5/07/2023 to 5/20/2023, the staffing to resident ratios that did not meet the minimum requirement of 1 CNA to 8 residents for the evening shift are documented below:</p>	S 560	<p>hiring process. All completed by 5/29.</p> <p>All residents have the potential to be affected by the state of new jersey staffing requirements.</p> <p>The Staffing Coordinator was re in serviced on the required staffing requirements on 5/25/23</p> <p>Human Recourses will audit the Certified nursing aids ratios weekly 1 shift weekly and then monthly x 3 months. Results of the audit will be reviewed by the quarterly Quality assurance meeting. The committee will determine if further auditing is necessary.</p>	

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S 560	<p>Continued From page 2</p> <p>1. For the 2 weeks from 5/7/2023 to 5/20/2023, the facility was deficient in CNA staffing for residents on 7 of 14 evening shifts as follows:</p> <p style="padding-left: 40px;">05/09/23 had 12 CNAs to 26 total staff on the evening shift, required 13 CNAs.                      -05/10/23 had 12 CNAs to 26 total staff on the evening shift, required 13 CNAs.                      -05/11/23 had 12 CNAs to 26 total staff on the evening shift, required 13 CNAs.                      -05/15/23 had 12 CNAs to 26 total staff on the evening shift, required 13 CNAs.                      -05/17/23 had 12 CNAs to 26 total staff on the evening shift, required 13 CNAs.                      -05/18/23 had 10 CNAs to 24 total staff on the evening shift, required 12 CNAs.                      -05/19/23 had 10 CNAs to 22 total staff on the evening shift, required 11 CNAs.</p> <p>NJAC 8:39-5.1(a)</p>	S 560		

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
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F 000	INITIAL COMMENTS  COMPLAINT#: NJ164303  CENSUS: 90  SAMPLE SIZE: 4  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 VISIT.	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		6/27/23	

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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 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: C#: NJ164303</p> <p>Based on interviews, medical records review, and review of other pertinent facility documentation on 5/24/2023, it was determined that the facility failed to notify the Physician when a resident refused his/her medications. The facility also failed to follow its policies titled "Documentation in Medical Records." This deficient practice was identified for 2 of 4 residents (Resident #1 &amp; #2) and was evidenced by the following:</p>	F 580	<p>The Physician for residents # 1 and # 2 were notified of the resident refusal of medication on 5/24.</p> <p>One on one re-education of the license nurses who were involved with the cited deficient practice were provided regarding notification of physician for a resident who continuously refused medication on 5/24/23</p>		

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F 580	<p>Continued From page 2</p> <p>1. According to the Admission Record (AR), Resident #1 was admitted to the facility on <b>EX. Order 26.(4) B1</b> with diagnoses which included but were not limited to <b>EX. Order 26.(4) B1</b>.</p> <p>According to the Minimum Data Set (MDS), an assessment tool dated <b>EX. Order 26.(4) B1</b>, Resident # 1 had a Brief Interview of Mental Status (BIMS) score of <b>EX. Order 26.(4) B1</b> which indicated the Resident was <b>EX. Order 26.(4) B1</b>. The MDS also showed Resident #1 needed extensive assistance with most Activities of Daily Living (ADLs).</p> <p>A review of Resident #1's "Order Summary Report (OSR)" dated Active Orders as of <b>EX. Order 26.(4) B1</b>, included under "Order Summary": <b>EX. Order 26.(4) B1</b> (gram) <b>EX. Order 26.(4) B1</b>. Give 1 packet by mouth one time a day for <b>EX. Order 26.(4) B1</b>", order date <b>EX. Order 26.(4) B1</b>.</p> <p>A review of Resident #1's Medication Administration Record (MAR) dated <b>EX. Order 26.(4) B1</b> revealed the Resident refused the aforementioned Physician's Order on <b>EX. Order 26.(4) B1</b> and <b>EX. Order 26.(4) B1</b> at 9:00 a.m. as evidenced by the code "2= Offered and Refused ...".</p> <p>A review of Resident #1's Progress Notes (PNs) revealed no documentation that the Physician was notified of the medication refusals at the time of the survey.</p> <p>2. According to the AR, Resident #2 was admitted to the facility on <b>EX. Order 26.(4) B1</b> with diagnoses which included but were not limited to <b>EX. Order 26.(4) B1</b>.</p>	F 580	<p>Residents who refuse medications have the potential to be affected by cited practice.</p> <p>Policy and Procedures for Physician Notification for Medication changes were reviewed and updated on 6/19/2023.</p> <p>Inservice Education was initiated on 6/20/23 with license nurses of the updated/revised P &amp; P. This in-service education will be given during orientation for newly hired license nurse, annually and as deemed necessary.</p> <p>&gt;The DON will generate a weekly report from Point click care (facility Electronic medical records software) to identify residents who refused medication</p> <p>Director of nursing or designee will complete an audit for 5 residents weekly x 4 then monthly x 3 from the generated report of residents from PCC who refused medication, to assure that facility policy regarding physician notification for medication refusals are followed and documented in the resident medical record. Negative findings from the audit will be addressed through one-on-one re-education and disciplinary measures as appropriate. The results of the audits will be reported to the QAA committee who meets quarterly for review, and to determine the necessity of future audits, and recommendations.</p>	

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F 580	<p>Continued From page 3</p> <p><b>EX. Order 26.(4) B1</b></p> <p>[REDACTED]</p> <p>According to the MDS, dated 5/24/2023, Resident #2 had a BIMS score of 1 <b>EX. Order 26.(4) B1</b> which indicated the Resident was <b>EX. Order 26.(4) B1</b>. The MDS also showed Resident #2 needed limited assistance with most ADLs.</p> <p>A review of Resident #2's Care Plan (CP) revealed under "Focus" included: <b>EX. Order 26.(4) B1</b> [REDACTED] as evidenced by patient-reported decreased <b>EX. Order 26.(4) B1</b> levels r/t (related/to) medical status." Under "Goal": Will consume appropriate amounts of food and fluids to promote <b>EX. Order 26.(4) B1</b> for therapy participation"; under "Interventions" included: "...Provide diet supplements per orders - <b>EX. Order 26.(4) B1</b> once/day for 21 days, order date <b>EX. Order 26.(4) B1</b> .</p> <p>A review of Resident #2's OSR dated Active Orders as of <b>EX. Order 26.(4) B1</b> revealed under "Order Summary" included: <b>EX. Order 26.(4) B1</b> (Nutritional Supplements) Give <b>EX. Order 26.(4) B1</b> ml (milliliter) by mouth one time a day for <b>EX. Order 26.(4) B1</b> dated <b>EX. Order 26.(4) B1</b> .</p> <p>A review of Resident #2's MAR dated <b>EX. Order 26.(4) B1</b> revealed the aforementioned Physician's Order revealed the Resident refused the order on <b>EX. Order 26.(4) B1</b> and <b>EX. Order 26.(4) B1</b> as evidenced by the code "2=Offered and Refused ...".</p> <p>A review of Resident #2's eMAR (electronic Medication Administration Record) Progress Notes (PNs) revealed on <b>EX. Order 26.(4) B1</b> at 8:29 a.m., written by the Registered Nurse (RN) <b>EX. Order 26.(4) B1</b> .</p>	F 580			

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F 580	<p>Continued From page 4</p> <p><b>EX Order 26 (4) B</b> mL 1 time a day for <b>EX Order 26 (4) B</b> "pt [patient/resident] does not want at this time." Further review of Resident #2 PNs revealed no documentation that the Physician was notified of the medication refusals at the time of the survey.</p> <p>During an interview on 5/24/2023 at 12:30 p.m., when the Surveyor asked him should the Physician be notified for a medication refusal, the Acting Clinical Director/Licensed Practice Nurse (ACD/LPN) stated: "If a resident refuses meds [medications] ascertain why they [he/she] refuse[d], educate on why meds [are] important and notify [the] MD [Physician] and document if [the] refusal continues." He continued, "On the eMAR, when the resident refuses, it prompts a note, a Progress Note (PNs) to generate."</p> <p>In the same interview, the ACD/LPN stated: "If [the] Physician was notified, it would also be [documented] in that note (PNs), the doctor is expected to be called if the medication is refused and [it] would be documented only in the PNs."</p> <p>During an interview on 5/24/2023 at 1:55 p.m., the Regional Director of Nursing (RDON), in the presence of the Administrator, stated, " ... there's no specific Physician Notification Policy". She continued to say, "If a resident consistently refuses [medication], we educate the patient [resident], tell [the] NP (Nurse Practitioner), and if the NP was notified, there could be a note."</p> <p>During an interview on 5/24/2023 at 2:29 p.m., the Registered Nurse (RN) assigned to Residents #1 &amp; #2 stated, "[the] doctor [physician] is notified by the Unit Manager (UM), Clinical Director or the nurse assigned to the resident when a medication is refused." She continued that whenever the</p>	F 580			

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F 580	Continued From page 5 nurse calls the doctor, [the nurse] documents in the PNs. The RN stated, "... if it's not documented, it's not done."  At the time of the survey, the nurses who did not administer the medications were unavailable.  A review of the facility policy titled "Documentation in Medical Records," last date revised 1/18/2023, revealed the following: Under "Policy:" included "Each resident's medical record shall contain an accurate representation of the actual experiences of the resident and include enough information to provide a picture of the resident's progress through complete, accurate, and timely documentation." Under "Policy Explanation and Compliance Guidelines:" included: "1. Licensed staff and interdisciplinary team members shall document all assessments, observations, and services provided in the Resident's medical record in accordance with state law and facility policy. 2. Documentation shall be completed at the time of service but no later than the shift in which the assessment, observation, or care service occurred. 3. Principles of documentation include, but not limited to: ...b. Documentation shall be accurate, relevant, and complete, containing sufficient details about the Resident's care and/or responses to care. c. Documentation shall be timely and in chronological order ..."	F 580			
F 842 SS=D	N.J.A.C. 8.39-13.1 (d) Resident Records - Identifiable Information CFR(s): 483.20(f)(5), 483.70(i)(1)-(5)	F 842		6/27/23	

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F 842	<p>Continued From page 6</p> <p>§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.</p> <p>§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</p> <p>§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- (i) To the individual, or their resident representative where permitted by applicable law; (ii) Required by Law; (iii) For treatment, payment, or health care operations, as permitted by and in compliance with 45 CFR 164.506; (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>	F 842			

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F 842	<p>Continued From page 7</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 services reports as required under §483.50.</p> <p>This REQUIREMENT is not met as evidenced by: Complaint #NJ164303</p> <p>Based on observation, interview, review of the medical record, and other facility documentation, it was determined that the facility failed to provide evidence that an <b>EX. Order 26.(4) B1</b> medication was administered according to the Physician's Order and failed to follow its policies titled "Medication Administration," and "Intermittent Infusion Administration." This deficient practice was identified for 1 of 4 residents (Resident #3) reviewed for medication administration and was</p>	F 842	<p>The nurse on the assigned shift for resident # 3 on <b>EX. Order</b> and <b>EX. Order</b> was in-serviced on <b>EX. Order</b> regarding signing the EMAR after administering the <b>EX. T</b> medication.</p> <p>All residents with an order for <b>EX. T</b> medication have the potential to be affected by the cited practice.</p> <p>The Director of nursing/Designee initiated on 5/24/23 a re-in-service education for</p>		

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NAME OF PROVIDER OR SUPPLIER  <b>PROMEDICA TOTAL REHAB + (MOORESTOWN)</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>212 MARTER AVENUE</b> <b>MOORESTOWN, NJ 08057</b>		
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F 842	<p>Continued From page 8 evidenced by the following:</p> <p>Review of the Medical Record (MR) was as follows:</p> <p>According to Resident #3, "Face Sheet," the resident was admitted to the facility with diagnoses which included but were not limited to <b>EX. Order 26.(4) B1</b> [REDACTED]).</p> <p>A review of the initial Minimum Data Set (MDS), an assessment tool dated <b>EX. Order 26.(4) B1</b> revealed Resident #3 had a Brief Interview for Mental Status (BIMS) score of <b>EX. Order 26.(4) B1</b>, which indicated the resident was <b>EX. Order 26.(4) B1</b>. This MDS also showed the resident required <b>EX. Order 26.(4) B1</b> medications.</p> <p>A review of Resident #3's Care Plan (CP) dated <b>EX. Order 26.(4) B1</b> addressed the potential for complications related to <b>EX. Order 26.(4) B1</b> therapy, which included interventions as follows: "Administer <b>EX. Order 26.(4) B1</b> medications as ordered by a physician. Monitor/document side effects and effectiveness."</p> <p>A review of the Physician's Order Summary (POS) dated <b>EX. Order 26.(4) B1</b> included an order for <b>EX. Order 26.(4) B1</b> use <b>EX. Order 26.(4) B1</b> every 12 hrs for <b>EX. Order 26.(4) B1</b> to be administered to Resident #3.</p> <p>A review of the Medication Administration Record (MAR) on 5/24/23 at 1:28 PM revealed there was no documented evidence that Resident #3 received the scheduled <b>EX. Order 26.(4) B1</b> medication of <b>EX. Order 26.(4) B1</b> every 12 hours on</p>	F 842	<p>licensed nurses regarding proper documentation post administration of IV medication. This in-service is ongoing and will be given for newly hired licensed nurses during orientation, annually, and as deemed necessary.</p> <p>The Director of nursing/Designee will conduct an audit of <b>EX. Order 26.(4) B1</b> medication administration for 10 residents EMAR weekly x 4 weeks and then monthly x 3. Negative findings will be addressed by providing one on one re-education for licensed nurses by staff educator or DON. The result of the audit will be submitted to the Quality assurance committee during the quarterly meeting for review and recommendation for future audits.</p>		

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

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F 842	<p>Continued From page 9</p> <p><b>§ 26.4</b> and <b>§ 26.4</b> at 6:00 PM since both spaces were left blank.</p> <p>During an interview conducted by the surveyor on 5/24/23 at 2:29 PM with the Director of Nursing (DON), the DON stated she made a telephone call to the Licensed Practical Nurse (LPN) who was on duty for the evening shift. The LPN stated to the DON that she gave the medication but "probably" forgot to save it in the computer. The DON further stated her expectation was the LPN should have documented the medication after it was administered to Resident #3 .</p> <p>During an interview conducted by the surveyor with the DON on 5/24/23 at 3:00 PM, the surveyor reviewed Resident #3's MAR. The DON acknowledged that no documentation would most likely mean the medication wasn't given.</p> <p>A review of the facility's policy titled "Medication Administration," dated 7/20/20, and revised 1/18/23, included, "Policy: Medications are to be administered by licensed nurse, or other staff who are legally authorized to do so in this state as ordered by the physician and in accordance with professional standards of practice, in a manner to prevent contamination or infection." Also included in the policy under "10. Review MAR to identify medication to be administered; 17., Sign MAR after administered; and 20. Monitor for side effects or adverse drug reactions immediately after administration and throughout each shift."</p> <p>A review of the facility policy titled "Intermittent Infusion Administration," dated 4/18/2018, included under "S., Document the dose given on the medication administration record as well as any IV site complications/concerns and resident's</p>	F 842			

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F 842	Continued From page 10 tolerance of procedure in the nurse's notes. The IV flow sheet is to be completed per facility policy."  NJAC 8:39-27.1(a)	F 842			