STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315516	A. BUILDING _____ B. WING _____	C 03/09/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ADVANCED SUBACUTE REHABILITATION CENTER AT SEWELL	**685 SALINA ROAD SEWELL, NJ 08080**

(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 #: NJ150849 and NJ149823 Census: 106 Sample Size: 9 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) is available and provided upon request to the physician. (iii) The facility must also promptly notify the	F 580		4/18/22

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 03/25/2022

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F 580	Continued From page 1 resident and the resident representative, if any, when there is- (A) A change in room or roommate assignment as specified in §483.10(e)(6); or (B) A change in resident rights under Federal or State law or regulations as specified in paragraph (e)(10) of this section. (iv) The facility must record and periodically update the address (mailing and email) and phone number of the resident representative(s). §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 Intake #NJ149823 Based on interviews and record review, it was determined that the facility failed to ensure family notification of a medication change was documented for 1 (Resident [redacted] of 3 residents reviewed for notification of change. Findings included: A review of the face sheet revealed the facility admitted Resident [redacted] on [redacted] with diagnoses that included Executive Order 26, 4.b. [redacted]	F 580	1. The corrective action accomplished was to document for as a late entry the medication change for Resident [redacted] specifically the addition of the [redacted] Executive Order 26, 4.b., ordered by Dr. [redacted] and reasons for same. In addition nursing staff will be re in-serviced on the notification of family members and/or responsible parties regarding medication changes and/or changes in condition, by the center educator. 2. The center has identified all residents who are on a medication(s) as having the potential to be affected; therefore, this plan of correction applies to all residents,	

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F 580	Continued From page 2 The [redacted] nursing admission screening indicated Resident [redacted] was [redacted] to person only. The baseline care plan indicated the resident received [redacted] A review of Resident [redacted] admission Minimum Data Set (MDS), dated [redacted] indicated the resident [redacted] on the Brief Interview for Mental Status (BIMS), meaning the resident was [redacted]. The MDS indicated Resident [redacted] required extensive assistance for all activities of daily living (ADLs). The MDS indicated Resident [redacted] received an [redacted] during the assessment period Resident [redacted] family member was interviewed on [redacted] The family member stated that themselves and other family members had been unaware the resident was receiving [redacted] until the facility [redacted] medication list was reviewed. A review of the [redacted] physician's orders did not include [redacted] for Resident [redacted] A review of nurse progress notes, dated [redacted] indicated Licensed Practical Nurse (LPN) #1 documented [redacted] had been ordered by the physician for [redacted] Progress notes also indicated Resident [redacted] primary care physician evaluated the resident on [redacted] A review of the medication administration record (MAR) revealed the [redacted] was started on [redacted], as ordered.	F 580	current and future, who are on a medication(s). 3. Systematic measures implemented to prevent lack of family notification are to review the Order Listing Report (OLR) in Point Click Care (PCC) at the end of each shift by the Unit Manager(s); ADON; Supervisor; and/or DON which will be used as the tool to ensure that notification of a change, addition, or discontinuation of a medication, or a change in physical or mental condition, has been made to the appropriate family member and/or responsible party. Notification to the family member and/or responsible party must be in the form of a written progress note in the medical record. 4. The center will monitor the notification of a family member and/or responsible party by weekly review of the OLR checklist report by Unit accompanied by a corresponding written progress note. The weekly check will be completed by the Unit Manager; ADON; Supervisor; and/or DON. The monitoring period will be four (4) weeks for the first month; three (3) weeks for the second month; and two (2) weeks for the third month. Results of the weekly review will be forwarded to the QA Committee quarterly for further recommendations as necessary.	

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F 580	Continued From page 3 A review of the progress notes revealed there was no documentation that LPN #1 or any other staff notified the family about the new order for [redacted]. LPN #1 was interviewed on 03/09/2022 at 10:22 AM. LPN #1 acknowledged she was the nurse who entered the [redacted] orders into the electronic medical record (EMR) system on [redacted] after receiving a verbal order from Resident [redacted] physician. The nurse stated Resident [redacted] family was in the building daily, and she was sure she informed them about the [redacted] order although she acknowledged there was no documentation that confirmed the conversation. The nurse stated it was her normal practice to notify family members of any medication changes, so she could not imagine she had changed her normal practice this time. The Director of Nursing (DON) was interviewed on 03/09/2022 at 10:22 AM. The DON stated she expected the nurses to notify family members when there was any type of change in a resident's condition, including new medications. She added since Resident [redacted] family was in the facility daily she was sure LPN #1 had notified the family about the [redacted]. New Jersey Administrative Code § 8:39-5.1(a)	F 580		