

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15A002	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/11/2022
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NAME OF PROVIDER OR SUPPLIER THE RESIDENCE AT CHERRY HILL	STREET ADDRESS, CITY, STATE, ZIP CODE 1979 ROUTE 70 EAST CHERRY HILL, NJ 08003
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(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) COMPLETE DATE
A 000	<p>Initial Comments</p> <p>Initial Comments: TYPE OF SURVEY: Complaint</p> <p>COMPLAINT #: NJ 00156764</p> <p>CENSUS: 82</p> <p>SAMPLE SIZE: 3</p> <p>The facility is not in substantial compliance with all of the standards in the New Jersey Administrative Code 8:36, Standards for Licensure of Assisted Living Residences, Comprehensive Personal Care Homes and Assisted Living Programs. 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 provisions of New Jersey Administrative Code Title 8, Chapter 43E, Enforcement of Licensure Regulations.</p>	A 000		
A1073	<p>8:36-15.6(b) Resident Records</p> <p>(b) All assessments and treatments by health care and service providers shall be entered according to the standards of professional practice. Documentation and/or notes from all health care and service providers shall be entered according to the standards of professional practice.</p> <p>This REQUIREMENT is not met as evidenced by:</p>	A1073		

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

TITLE

(X6) DATE

09/15/22

New Jersey Department of Health

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A1073	<p>Continued From page 1</p> <p>Complaint #: NJ 00156764</p> <p>Based on interview and record review, it was determined that the facility failed to maintain documentation of services provided according to the standards of professional practice and documented evidence that the facility's Registered Nurse (RN) was notified of resident's change in condition for 1 of 3 residents reviewed, Resident #2. This deficient practice was evidenced by the following:</p> <p>On 8/11/22 at 9:40 a.m., during tour of the NJ Exec Order 26.4b1 unit, the surveyor observed Resident #2 at a table eating breakfast. The surveyor was not able to interview the resident due to NJ ex order 26.4b1</p> <p>At 11:50 a.m., the surveyor reviewed Resident #2's medical record and according to the "Resident Face Sheet," the resident moved into the community on NJ ex order 26.4b1 with diagnoses which included NJ ex order 26.4b1</p> <p>During surveyor review of the electronic progress note provided by a Licensed Practical Nurse (LPN) dated NJ Exec Order at 2:31 p.m. written by an LPN revealed, NJ ex order 26.4b1 Request sent to Dr ... [doctor] office for resident to have NJ Exec Order 26.4b1 ."</p> <p>The progress note dated NJ ex order 26.4b1 at 12:33 p.m., written by the same LPN, revealed that Resident #2 NJ ex order 26.4b1 at 3:41 p.m. NJ ex order 26.4b1 The LPN documented that on NJ ex order 26.4b1 the resident returned from the ER and</p>	A1073		
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NAME OF PROVIDER OR SUPPLIER THE RESIDENCE AT CHERRY HILL	STREET ADDRESS, CITY, STATE, ZIP CODE 1979 ROUTE 70 EAST CHERRY HILL, NJ 08003
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A1073	<p>Continued From page 2</p> <p>was started on NJ Exec Order 26.4b1 by mouth twice daily for 7 days.</p> <p>The progress note dated NJ ex order 26.4b at 12:27 p.m. by the above LPN revealed, "Spoke with resident's daughter this morning, she stated Dr... will be sending a script over for a NJ Exec Order 26.4b per ... [resident's daughter request]."</p> <p>At 12:30 p.m., the surveyor interviewed the LPN and inquired about the follow up to the NJ Exec Order 26.4b requested on NJ Exec Order 26.4b, and also the resident's transfer to the ER on NJ ex order 26.4b. The LPN stated that she could not recall if she followed up with the physician or not stating, "I was the only nurse." The LPN explained that Resident #2 was transferred to the ER on NJ ex order 26.4b due to a NJ ex order 26.4b1.</p> <p>During continued interview, the surveyor inquired if the LPN notified the facility's Registered Nurse (RN) regarding Resident #2's NJ ex order 26.4b1. The LPN stated that the facility had two agency RNs, and both were notified. There was no documented evidence that the RNs were notified of the NJ ex order 26.4b1.</p> <p>At 1:35 p.m., the surveyor interviewed the Director of Nursing (DON) regarding the NJ Exec Order 26.4b request. The DON stated that she was new to the facility and acknowledged that there was an issue with documentation and which was addressed.</p> <p>Further review of Resident #2's medical record, failed to provide documented evidence to confirm that the facility's licensed staff followed up with the physician regarding the NJ Exec Order 26.4b that was</p>	A1073		

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A1073	Continued From page 3 requested on ^{NJ Exec Order} until ^{NJ Exec Order 26} . Additionally, there was no documented evidence that the RNs were notified of the NJ ex order 26.4b1 on ^{NJ ex order 26.4b1} .	A1073		

8:36-15.6(b) Resident Records

All assessments and treatments by health care and service providers shall be entered according to the standards of professional practice. Documentation and/or notes from all health care and service providers shall be entered according to the standards of professional practice.

1. How the corrective action will be accomplished for those residents found to have been affected by the deficient practice.

Resident #2: Resident **NJ ex order 26.4b1**. The **NJ Exec Order 26.4b1** ordered during hospital stay as a result of **NJ Exec Order 26.4b1** continued at community as ordered upon discharge from hospital. **NJ ex order 26.4b1**

2. How the facility will identify other residents having the potential to be affected by the same deficient practice.

All residents have the potential to be affected by this deficient practice.

3. What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur.

1. Daily Nursing Documentation form/tickler system was created for the purpose of proper follow up and documentation by nursing staff.
2. Training with LPNs on use of Daily Nursing Documentation form/Tickler.
3. Training with LPNs on RN notification of resident change in condition.
4. Resident will be added to the Weekly Tracker Meeting

4. How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur.

RN will conduct training on Daily Nursing Documentation form/tickler, RN notification of change in condition during orientation and annually with LPNs. RN, ED or designee will conduct random documentation audit weekly. Audit will be brought to monthly QA meeting. Residents will be added to the Weekly Tracker Meeting and will remain until the issue is resolved.

Completion Date: 9/16/22

Received 9/21/22
Accepted 9/21/22
CO

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 15A002 Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 9/21/2022 Y3
NAME OF FACILITY THE RESIDENCE AT CHERRY HILL	STREET ADDRESS, CITY, STATE, ZIP CODE 1979 ROUTE 70 EAST CHERRY HILL, NJ 08003	

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 A1073	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # 8:36-15.6(b)	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____	09/16/2022	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 8/11/2022	<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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