

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

PRINTED: 11/29/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315465	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 06/10/2021
NAME OF PROVIDER OR SUPPLIER MANHATTANVIEW NURSING HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 3200 HUDSON AVENUE UNION CITY, NJ 07087		
(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 C #: NJ: 141812, 145244, 145331 Census: 93 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=D	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, regardless of the form or storage method of the	F 842			6/25/21

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

TITLE

(X6) DATE

Electronically Signed

06/17/2021

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>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> <p>(v) Physician's, nurse's, and other licensed professional's progress notes; and</p>	F 842			

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F 842	<p>Continued From page 2</p> <p>(vi) Laboratory, radiology and other diagnostic services reports as required under §483.50. This REQUIREMENT is not met as evidenced by: C #: NJ: 141812, 145331</p> <p>Based on observation, interviews and record review, as well as review of pertinent facility documents on 6/10/21, it was determined that the facility failed to maintain a complete and readily accessible medical records in accordance with accepted professional standards and practices for [REDACTED] residents (Res #1 and Res 2) reviewed for medical records. This deficient practice is evidenced by the following:</p> <p>1. According to the "FACE SHEET (FS)", Res #1 was admitted to the facility on [REDACTED] with diagnosis which included but was not limited to: [REDACTED].</p> <p>The Minimum Data Set (MDS), an assessment tool, dated [REDACTED], revealed that Res #1's [REDACTED] and required total assistance with Activities of Daily Living (ADL).</p> <p>The staff agreed that they were not able to find the following documentation for Res #1's medical record (MR) such as:</p> <p>Quarterly [REDACTED] assessment for the month of [REDACTED]</p> <p>Daily Medicare Charting on [REDACTED], and [REDACTED] did not indicate that the Resident was provided assistance or the number of staff required to assist the Resident during transfer.</p>	F 842	<p>F842</p> <p>1. Resident #1 Quarterly Fall Risk Assessment for the month of 2/2021 was completed. Resident #1 Daily Medicare Charting on [REDACTED], [REDACTED], [REDACTED] was update to reflect the assistance provided and number of staff required to assist during transfer. Resident #3 Fall Care Plan and Weekly Skin Assessment dated [REDACTED] were located.</p> <p>2. All residents have the potential to be affected by the deficient practice of failing to maintain a complete and readily accessible medical records in accordance with accepted professional standards and practices.</p> <p>3. The Assistant Director of Nursing will provide in-servicing regarding the purpose, frequency, and completion of Quarterly [REDACTED] Assessments and Daily Medicare Charting. Additional in-servicing will be provided regarding proper maintenance and filing of all resident medical records.</p> <p>4. The DON or designee will monitor 5 resident charts weekly for the next month to ensure resident documentation is completed indicating the proper assistance and staff required to assist. Comprehensive Resident Care Plans will be reviewed to ensure all care plan inserts are included as specified. All findings will be reviewed at the next quarterly QA meeting.</p> <p>5. Date of completion June 25, 2021</p>		

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F 842	<p>Continued From page 3</p> <p>2. According to the FS, Res #2 was admitted to the facility on [REDACTED], and readmitted on [REDACTED], with diagnoses which included but were not limited to: [REDACTED].</p> <p>According to MDS dated [REDACTED], Res #2 was [REDACTED] and required total assistance from staff with ADLs.</p> <p>The staff agreed that they were not able to find the following documentation for Res #3's MR such as:</p> <p>The Fall care plan.</p> <p>The weekly skin assessment dated [REDACTED] at 3:00 pm-11:00 pm shift.</p> <p>During an interview with the Unit Managers and the Administration on 6/10/21 from 10:30 am to 3:00 pm, they stated the aforementioned medical record documents could not be located.</p> <p>The facility's policy "CHARTING AND DOCUMENTATION POLICY AND PROCEDURE, undated, showed under "POLICY: All services provided to the resident, progress toward the care plan goals, or any changes in the residents' medical, physical, function or psychosocial condition, shall be documented in the resident's medical record...PROCEDURE:...2...c...services performed;...3. Documentation in the medical record will be objective (not opinionated or speculative), complete, and accurate..."</p> <p>NJAC: 8:39-35.2 (d)(5)</p>	F 842			