

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

PRINTED: 10/13/2022  
FORM APPROVED  
OMB NO. 0938-0391

|  |  |   |   |                      |   |
|--|--|---|---|----------------------|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                                   |  | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>315459</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br><br>B. WING _____  |                      | (X3) DATE SURVEY COMPLETED<br><br><b>C</b><br><b>07/17/2021</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>NEW JERSEY VETERANS MEMORIAL HOME MENLO</b> |  |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>132 EVERGREEN RD</b><br><b>EDISON, NJ 08818</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<br><br>C #: NJ00146747<br><br>Census: 190<br><br>Sample Size: 3<br><br>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 658<br>SS=D  | Services Provided Meet Professional Standards CFR(s): 483.21(b)(3)(i)<br><br>§483.21(b)(3) Comprehensive Care Plans<br>The services provided or arranged by the facility, as outlined by the comprehensive care plan, must-<br>(i) Meet professional standards of quality.<br>This REQUIREMENT is not met as evidenced by:<br>C: # NJ00146747<br><br>Based on interviews and record review, as well as review of pertinent facility documents on 7/17/21, it was determined that the facility failed to follow physician's order and according to facility policy on "Guidelines for Charting and Documentation" for 2 of 3 residents (Res [REDACTED] and Res [REDACTED] reviewed for physician order and medication administration. This deficient practice is evidenced by the following:<br><br>1. According to the "RESIDENT FACESHEET (RF)" Res [REDACTED] was originally admitted on [REDACTED], with diagnosis that included but was not limited to: [REDACTED] | F 658   | Corrective Actions:<br>(1) A Physician's Order for [REDACTED] was discontinued for Resident [REDACTED] as Resident [REDACTED] did not exhibit signs and symptoms to support the diagnostic test.<br><br>(2) Late entry outlining the Resident [REDACTED]'s reason for; refusal, education on risk related to refusal, and Physician notification and response noted in Resident [REDACTED]'s medical record.<br><br>Identification of At-Risk Residents:<br>All Residents refusing medication, treatment or diagnostics may be at risk for this practice. | 8/12/21              |   |

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

TITLE

(X6) DATE

Electronically Signed

07/30/2021

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 658  | <p>Continued From page 1</p> <p>The Minimum Data Set (MDS), an assessment tool, dated [REDACTED], showed that Res [REDACTED]'s cognition was [REDACTED] and required limited assistance with Activities of Daily Living (ADL).</p> <p>The form "PHYSICIAN'S ORDERS (PO)" dated [REDACTED] showed an order to for [REDACTED]. However, the facility was unable to provide the result of the [REDACTED].</p> <p>The facility's "INTERDISCIPLINARY PROGRESS NOTES (IPN)" dated [REDACTED] at 6:00 pm showed that a Nurse Practitioner (NP) had ordered [REDACTED]. The IPN further showed that on 6/9/21 at 7:00 am Res [REDACTED] did not produce [REDACTED] for specimen sample. Further review of the IPN from [REDACTED] to [REDACTED], the IPN did not indicate that Res [REDACTED]'s physician was notified that the [REDACTED] specimen was not obtained from the time it was ordered on [REDACTED].</p> <p>The surveyor conducted an interview with the Charge Nurse (CN #1) on 7/14/21 at 12:13 pm. She verified that there was no [REDACTED] result because there was no [REDACTED] specimen that was sent to the laboratory and she could not explain why. She stated that if the Resident refused or the staff could not obtain the specimen the physician should have been notified and it should be documented on the Resident's medical record (MR).</p> <p>2. According to the RF Res [REDACTED] was initially admitted to the facility on [REDACTED].</p> <p>The MDS dated [REDACTED], showed that Res [REDACTED] and required extensive assistance with ADL.</p> | F 658   | <p><b>Systemic Measures:</b></p> <p>Licensed staff will be reeducated on policy for "guideline for Charting and Documentation" and "Physicians Orders: Obtaining and Transcription." This will include additional detail on proper documentation of refusal including noting reason for refusal, education regarding potential ill effects of refusal, notification of physician and response of physician. Reeducate Licensed Nurses on completing 24-hour chart checks. Process to be completed daily.</p> <p><b>Monitoring:</b></p> <p>Supervisor of Nursing will audit 10% of Residents Charts weekly for one (1) month and monthly for three (3) months. Results will be evaluated and reported at monthly QAPI meeting.</p> |                      |   |

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| F 658  | <p>Continued From page 2</p> <p>Res [REDACTED]'s Care Plan (CP), original date on [REDACTED] and effective date on [REDACTED] showed that Res [REDACTED] had the potential for infection related to presence [REDACTED]. Intervention included but were not limited to: [REDACTED] as physician's ordered and check for [REDACTED].</p> <p>The form PO dated [REDACTED] showed an order for [REDACTED] with [REDACTED] and [REDACTED] every [REDACTED] hours for [REDACTED].</p> <p>The form [REDACTED] MEDICATION ADMINISTRATION RECORD [REDACTED] for the month of [REDACTED] showed the aforementioned order. The [REDACTED] showed that Res [REDACTED] refused the aforementioned order on 7/11/21 at 2:00 pm and on 7/14/21 through 7/16/21 at 10:00 pm there was no documentation to indicate that the aforementioned order was administered to Res [REDACTED].</p> <p>The IPN showed that on 7/11/21 at 3:30 pm showed that Res [REDACTED] refused his/her [REDACTED]. However, IPN did not indicated the reason for the refusal which was not according to the facility policy. Furthermore, the IPN did not indicated if the aforementioned order was administered to the Resident on [REDACTED] through [REDACTED] at 10:00 pm.</p> <p>The surveyor conducted an interview with the Registered Nurse (RN #!) on [REDACTED] at 3:16 pm. RN #1 (the RN assigned to [REDACTED] on [REDACTED])</p> | F 658   |   |                      |   |

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| F 658  | <p>Continued From page 3</p> <p>██████ and ██████ stated that she forgot to document on the MAR to reflect that that the treatment was provided to the Resident which was not according to the standards of practice.</p> <p>The facility's policy titled, "Physician Orders: Obtaining and Transcription" revised on 6/25/12, showed "...Validate (a physician order)...that transcription of the orders is complete and correct; and that follow-through has been implemented..."</p> <p>The facility's policy titled, "Guidelines for Charting and Documentation" dated 5/2019, showed "...The purpose of charting and documentation is to provide: 1. A complete account of the resident's care, treatment, response to the care, signs, symptoms, etc., and the progress of the resident's care...3. The facility, as well as other interested parties, with a tool for measuring the quality of care provided to the resident...General GUIDELINES for Charting and Documentation...2. Be concise, accurate, and complete...11. Refusal of Treatments...c. Resident's response and reason(s) for refusal...e. Documentation that the resident was informed of the purpose of the treatment and the consequences of not receiving the care...g. Date and time physician was notified of the resident's refusal of treatment in addition to the physician's response..."</p> <p>NJAC 8:39-11.2(b)<br/>NJAC 8:39-27.1(a)</p> | F 658   |   |                      |   |