STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315459	A. BUILDING _____ B. WING _____	C 06/16/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEW JERSEY VETERANS MEMORIAL HOME MENLO	132 EVERGREEN RD EDISON, NJ 08818

(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 #: NJ142980; NJ134726; NJ137057 and NJ143298 Census: 189 Sample Size: 10 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 563 SS=D	Right to Receive/Deny Visitors CFR(s): 483.10(f)(4)(ii)-(v) §483.10(f)(4) The resident has a right to receive visitors of his or her choosing at the time of his or her choosing, subject to the resident's right to deny visitation when applicable, and in a manner that does not impose on the rights of another resident. (ii) The facility must provide immediate access to a resident by immediate family and other relatives of the resident, subject to the resident's right to deny or withdraw consent at any time; (iii) The facility must provide immediate access to a resident by others who are visiting with the consent of the resident, subject to reasonable clinical and safety restrictions and the resident's right to deny or withdraw consent at any time; (iv) The facility must provide reasonable access to a resident by any entity or individual that provides health, social, legal, or other services to the resident, subject to the resident's right to deny or withdraw consent at any time; and (v) The facility must have written policies and procedures regarding the visitation rights of residents, including those setting forth any clinically necessary or reasonable restriction or limitation or safety restriction or limitation, when	F 563		7/14/21

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

Electronically Signed | 07/06/2021

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F 563	Continued From page 1 such limitations may apply consistent with the requirements of this subpart, that the facility may need to place on such rights and the reasons for the clinical or safety restriction or limitation. This REQUIREMENT is not met as evidenced by: Complaint Intake: NJ134726 Based on interviews, record review, and facility policy review, it was determined that the facility failed to ensure a resident was able to exercise their right to receive visitors of their choosing for 1 (Resident #9) of 3 sampled residents reviewed for visitation rights. Findings include: 1. Resident #9 was readmitted on [redacted] with diagnoses which included [redacted] The annual Minimum Data Set (MDS) dated [redacted] revealed the resident was [redacted]. The resident required assistant with activities of daily living. On 06/15/2021 at 10:25 AM, a family member of Resident #9 was interviewed. The family member had hired a [redacted] care giver to serve Resident #9 in the capacity of a Paid Duty Companion (PDC). The family member indicated the relationship between this PDC and Resident #9 dated back approximately [redacted] years ago. The family member stated that while the PDC served Resident #9 at the facility, other residents' family adored the PDC's approach and contracted the PDC to be a companion to their relatives at the facility. The family member said the facility removed the PDC and ordered the PDC not to return. The family member said the facility	F 563	Corrective action: Resident #9's family is being contacted and notified that the visitor who had been excluded from the facility may return as long as she follows established visitor protocols in accordance with facility policy, NJDOH regulation, CDC guidance, and Governor's Order. Identification of At-Risk Residents: All residents who receive visitors may be at risk of this practice. Systemic Measures: The administrator and assistant administrator who had made this determination have since separated from the facility. Administration and Department Managers have received re-education with regard to Resident Rights related to visitation. Review of Resident Rights has been facilitated for residents and their families coordinated by the Social Services Department and Administration. Visits will be scheduled in accordance with facility policy, state and federal regulation, and CDC guidance through the remainder of the pandemic. The facility will make necessary adjustments to practices once the health care emergency is determined to have ended.	

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F 563	Continued From page 2 administration said it was because of a breach of contractual agreement by the PDC with the facility as the reason for disallowing the PDC. The family member approached the facility to ask to allow the PDC to visit Resident #9 as a family friend, but the facility declined. On 06/15/2021 at 10:33 AM, the Director of Social Services (DSS) said that she was not employed with the facility at the time of the incident (referring to the facility's decision to deny the PDC access to the facility). She stated that she would have advocated that the PDC be allowed to visit the resident as a friend that the PDC originally was. The DSS also said she would not have voted for the PDC to be removed from the facility. She said given the ample notices kept on file, it was obvious the PDC was impactful with the residents. She said she would expect more details of evidence that the PDC violated. She read through the statements kept on file that were grounds for removing the said PDC from the facility and said that it gave no details of the conclusion that was reached. The DSS read the statements signed by the then Supervisor of Recreation (date stamped [redacted] and the previous DSS statement (date stamped [redacted] and stated she did not know what was doing on in their minds at the time. She said it was the residents' right to have any visitor. On 06/15/2021 at 11:29 AM, the Nursing Home Administrator (NHA) said she reviewed the file and the information which was in place at the time of the incident leading to the removal of Resident #9's PDC from the facility. The NHA stated, "It seemed the past administration had safety concerns with the PDC's conduct." The NHA stated that her review of the evidence	F 563	Monitoring: The Director of Social Services will include Resident Rights review in her Resident Council Agenda monthly. In addition, a random sample of 10% of residents will be interviewed by the unit social worker/designee monthly to determine compliance. The Family Communication Meeting Agenda will include this topic monthly and request feedback regarding compliance. Results of monitoring will be reported by the Director of Social Services to the QAPI Committee monthly for 3 months.	

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F 563	Continued From page 3	F 563		

contained in the record did not corroborate any safety concern raised by the past administration. She stated she reviewed [redacted] referenced in a statement provided by the previous DSS regarding an allegation of Resident #9's PDC caring for approximately seven residents at a time. The NHA said the [redacted] seemingly showed what appeared like the PDC teasing two residents with candy. She acknowledged that there was nothing on the record which spoke to whether the facility interviewed the residents and/or the residents' responsible parties to understand how the residents took the interaction. She said she would not have made a conclusion to deny the PDC from coming to the facility based on the [redacted] or any of the statements left on file. She added that the statement made by the facility's past Assistant Chief Executive Officer (ACEO) regarding the PDC being in between two residents were also vague in her opinion. She said that she did not agree with how the past administration handled the situation with the PDC. She concluded that she would not have denied the PDC access to the resident if the PDC visited the facility in the capacity of a PDC or as a friend. She said it was the resident's right to have a guest of his/her choosing to visit them at the facility.

The facility's policy, (date unknown), titled, "Visitation," read in part, "We recognize the elder's need to maintain contact with the community in which he or she has lived or is familiar. Therefore, the elder is encouraged to have visitors as he/she permits."

New Jersey Administrative Code § 8:39-4.1(a)(23)

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F 580	Continued From page 4	F 580		
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 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	F 580		7/14/21

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F 580	Continued From page 5 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: NJ137057 Based on record review, interviews, and facility policy review, it was determined that the facility failed to notify the family/responsible party of a resident's change in condition for 1 (Resident #10) of 3 residents reviewed for changes in condition. Findings include: 1. Resident #10 was admitted with diagnoses which include [redacted]. The quarterly Minimum Data Set (MDS), dated [redacted], revealed the resident was [redacted]. The resident required assistance with activities of daily living. A review of Resident #10's progress note dated [redacted] indicated a temperature reading of [redacted] degree Fahrenheit (F) for the resident. The note read that the writer called the medical director (MD) who visited with a new order for an [redacted]	F 580	Corrective action: Resident #10 expired. No corrective action specific to this resident was applicable. Identification of At-Risk Residents: All residents who experience a change in condition may be at risk of this practice. Systemic Measures: The Unit Manager/designee assigned to each unit reviewed each resident's chart for the past 14 days to determine if any change in condition had been noted and ensured family and MD notification occurred in accordance with facility policy, as well as state and federal regulation. Licensed staff were re-educated as to the facility' policy for "Change in Condition" which includes responsibility for timely notification of all required parties. Monitoring: The Unit Manager will audit a minimum of 25% of resident's charts monthly for	

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F 580	Continued From page 6 [redacted] and [redacted]. The note dated [redacted] reported the [redacted] result showed [redacted] of Resident #10's [redacted]. The note further revealed the MD was called and orders were received to start the resident on [redacted] milligrams (mg) of [redacted] for [redacted] days. Furthermore, the note revealed that the resident was continuously monitored and documented to tolerate the [redacted] treatment well. The note dated [redacted] at [redacted] PM reveal the assigned medication nurse (name was not recorded on the original chart) walked to the resident's bed side for evening (PM) medication and noted the resident was not breathing. The note reported the nurse supervisor was called and a call was made to the MD. The resident was pronounced dead at [redacted] PM. The family was notified. Although the progress note indicated Resident #10's family member was notified when the resident passed, there was no documentation in the record that indicated a notification was made to the family when Resident #10 had a temperature of [redacted] degrees F and when the [redacted] report showed [redacted] On 06/16/2021 at 2:15 PM, Registered Nurse (RN) #1 said when she assesses a resident and notes a change in the resident's status, she notifies the MD and the resident's family/responsible party. She said she waits on the MD for orders. She stated she communicates her findings with other direct care staff on oncoming shift. She said the documentation on Resident #10 did not reflect that the resident's family was notified of the resident's change in condition.	F 580	compliance. Results will be reported by the Director of Nursing to the QAPI Committee monthly for 3 months.	

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F 580	Continued From page 7 On 06/16/2021 at 12:32 PM, the Director of Nursing (DON) said when the nursing assessment of a resident noted a change in the resident's condition, the resident's physician was notified, and the family or the resident's responsible party was notified. She said any abnormal findings with a resident should be reported to the resident's family. She reviewed Resident #10's medical record and verified there was nothing in the record that indicated a notification was made to the resident's family/responsible party which informed them of the change in the resident's condition. She concluded that the resident's responsible party should have been notified. The facility policy, Reporting Resident's Condition Change, last revised on 04/01/2021, read in part, "To ensure that significant changes in a resident's condition are reported to the physician as well as the family." New Jersey Administrative Code § 8:39-5.1(a)	F 580		