

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 060106	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 06/01/2022
NAME OF PROVIDER OR SUPPLIER OUR LADYS CENTER FOR REHABILITATION & HEAL		STREET ADDRESS, CITY, STATE, ZIP CODE 1100 CLEMATIS AVE PLEASANTVILLE, NJ 08232		
(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
H5790	<p>8:43E-13.4(d) UNIVERSAL TRANSFER FORM:MANDATORY USE OF FORM</p> <p>A licensed healthcare facility or program shall retain a completed copy of the Universal Transfer Form sent with a patient when a patient is transferred as part of the patient's medical record.</p> <p>This REQUIREMENT is not met as evidenced by: C#: NJ152331, NJ154565</p> <p>Based on interview, review of the Medical Record (MR), as well as review of other pertinent facility documents on 5/31/2022 & 6/1/2022, it was determined that the facility failed to maintain a copy of the Universal Transfer Form (UTF) as part of the medical record for 1 of 4 sampled residents (Resident [REDACTED]). This deficient practice was evidenced by the following:</p> <p>Reference: New Jersey Hospital Association "Provider Resources" Section 6: The NJ Universal Transfer Form (UTF) must be used by all licensed healthcare facilities and programs when a patient is transferred from one care setting to another.</p> <p>This deficient practice was evidenced by the following:</p> <p>According to the Admission Record, Resident [REDACTED] was admitted on [REDACTED] with diagnoses which</p>	H5790	<p>Plan of Correction</p> <p>The Plan of Correction is the facility's credible allegation of compliance. Preparation and/or execution of this plan of correction does not constitute an admission or agreement by the providers of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</p> <p>H5790</p> <p>I. Corrective Action</p> <p>A. On 06/01/2022 The Facility Governing Body met to review the facility policy for maintaining a copy of the Universal Transfer Form as a part of the medical record and immediately</p> <p>i. initiated in-service and education on the facility policy and procedure for maintaining a copy of the Universal Transfer Form as a part of the medical</p>	7/15/22

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

TITLE

(X6) DATE

Electronically Signed

07/07/22

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H5790	<p>Continued From page 1</p> <p>included but were not limited to; [REDACTED]</p> <p>Review of a Minimum Data Set (MDS), an assessment tool dated [REDACTED], revealed the resident had a Brief Interview for Mental Status of [REDACTED] which indicated that the resident was [REDACTED]. The MDS also revealed that the resident had to be fed by staff during meals.</p> <p>A review of a PNs dated [REDACTED] at 6:59 p.m. for Resident [REDACTED] written by the Registered Nurse revealed the CNA (Certified Nursing Assistant) alerted this nurse that patient was [REDACTED] as he/she was being fed dinner. The patient was in distress upon entering the room. Immediately a code was called in the building, and staff came to assist. 911 was also called ...the [REDACTED] was started, and his/her mouth was swept clear immediately upon entering the room ... [REDACTED] was initiated. A team of staff initiated [REDACTED] while paramedics were on their way. The [REDACTED] ([REDACTED]) was applied and used ...The police arrived shortly after. The patient was taken to the hospital via stretcher by the paramedics.</p> <p>There was no documentation in the medical record of a UTF being completed for Resident [REDACTED].</p> <p>During an interview on 6/1/2022 at 9:00 a.m., when the surveyor asked the Unit Manager/Registered Nurse (UM/RN) if Resident [REDACTED] should have a UTF, he replied, "Yes, there would be a UTF for the resident going out."</p>	H5790	<p>record in reference to Resident # [REDACTED]</p> <p>ii. Identified that the facility cannot retroactively obtain and maintain the Universal Transfer Record for Resident # 2.</p> <p>II. Identification of Others</p> <p>A. An assessment of the risk this deficient practice could have on residents at this facility was completed by the Administrator and Director of Nursing and identified that, all residents being transferred to another facility could have the potential to be affected by this deficient practice</p> <p>B. An assessment of the status of resident [REDACTED] in relation this deficient practice was completed by the Administrator and Director of Nursing and identified that the resident was sent out to ER.</p> <p>III. Systemic Change</p> <p>A. The Director of Nursing / Unit Manager will complete a once weekly audit for the next 3 months on all transfers to another facility to ensure all resident charts include a copy of the Universal Transfer Record monthly log.</p> <p>B. On 06/01/2022 The Facility Governing Body met to review the facility policy for maintaining a copy of the Universal Transfer Form as a part of the medical record and immediately</p> <p>i. On 7/11/2022 the facility Educator initiated in-service and education on the facility policy and procedure for maintaining a copy of the Universal Transfer Form as a part of the medical record in reference to Resident # 2</p> <p>C.</p>	

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H5790	Continued From page 2 During an interview on 6/1/2022 at 12:35 p.m., the Director of Nursing stated I talked to the UM/RN, he stated a UTF was sent with Resident ■, but we can't find the physical copy in the chart.	H5790	IV. Quality Assurance A. The Director of Nursing will submit findings from the transfer audit to the QA/QAPI committee if further actions are deemed necessary the team will address. B. The QA/QAPI committee will meet monthly for the next 3-months and review all findings to assess whether further action is necessary. V. Completion Date: 07/15/2022		

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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F 000	INITIAL COMMENTS COMPLAINT#: NJ152331, NJ153923, #NJ154565 CENSUS: 128 SAMPLE SIZE: 4 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 808 SS=G	Therapeutic Diet Prescribed by Physician CFR(s): 483.60(e)(1)(2) §483.60(e) Therapeutic Diets §483.60(e)(1) Therapeutic diets must be prescribed by the attending physician. §483.60(e)(2) The attending physician may delegate to a registered or licensed dietitian the task of prescribing a resident's diet, including a therapeutic diet, to the extent allowed by State law. This REQUIREMENT is not met as evidenced by: C#: NJ152331, NJ154565 Based on observations, interviews, medical record review, and review of other pertinent facility documents on 5/31/2022 & 6/1/2022, it was determined that the facility failed to (a) prepare a [REDACTED] diet at the correct texture and consistency, (b) obtain a Physician's Order and notify the Physician of a change in diet and (c) follow the residents plan of care for a resident who had a history of [REDACTED]. The	F 808	.=Plan of Correction The Plan of Correction is the facility's credible allegation of compliance. Preparation and/or execution of this plan of correction does not constitute an admission or agreement by the providers of the truth of the facts alleged or conclusions set forth in the statement of deficiencies . The plan of correction is prepared and/or executed solely because it is required by the provisions of federal	7/15/22	

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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 808	<p>Continued From page 1</p> <p>facility also failed to follow its policies titled "Care Plans," "Therapeutic and Mechanically Altered Diets," the "2018 DHCC (Dietetics in Health Care Communities) Manual of NJ (New Jersey), "Textured Modified Diets," "Resident Nutrition Services," "Change in Resident Condition" and "Physician Orders." This deficient practice was identified for 1 of 4 residents (Resident [REDACTED]), who was served regular steak fries by the Temporary Nursing Assistant (TNA) on [REDACTED], which resulted in Resident [REDACTED] having a [REDACTED] episode that resulted in emergency hospitalization, and was evidenced by the following:</p> <p>The review of Resident [REDACTED]'s Electronic Medical Record (EMR) was as follows:</p> <p>According to the "Admission Record (AR)," Resident [REDACTED] was admitted on [REDACTED] with diagnoses which included but were not limited to [REDACTED].</p> <p>Review of a Minimum Data Set (MDS), an assessment tool dated [REDACTED], revealed the resident had a Brief Interview for Mental Status (BIMS) score [REDACTED], indicating that the resident was [REDACTED]. The MDS also showed that the resident had to be fed by staff during meals.</p> <p>A review of Resident [REDACTED]'s Care Plan (CP) initiated on [REDACTED] showed Under Focus: (Resident [REDACTED]) is at risk for [REDACTED] as evidenced by therapeutic [REDACTED] diet, decreased</p>	F 808	<p>and state law.</p> <p>F808</p> <p>I. Corrective Action</p> <p>A. The facility Governing g Body met to review the facilities policy and procedure for modified diets, specifically in regard to food included in [REDACTED] diet , and immediately removed Steak Fries as and options for [REDACTED] diets in reference to Resident [REDACTED]</p> <p>B. On 06/01/2022 The Facility Governing Body met to review the facility policy for the obtaining and notification of the Physician of a change in diet and immediately</p> <p>i. Identified that the facility cannot retroactively update the care plan for Resident # [REDACTED] to reflect the change in diet.</p> <p>C. On 06/01/2022 The Facility Governing Body met to review the facility policy for the preparation of [REDACTED] diet at the correct texture and consistency and immediately</p> <p>i. initiated in-service and education on the facility policy and procedure for the preparation of [REDACTED] diet at the correct texture and consistency in reference to Resident [REDACTED]</p> <p>ii. Identified that the facility cannot retroactively respond to this deficient practice for Resident [REDACTED]</p> <p>D. On 06/01/2022 The Facility Governing Body met to review the facility policy for the obtaining and notification of the Physician of a change in diet and immediately</p> <p>i. initiated in-service and education on the facility policy and procedure for obtain</p>		

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F 808	<p>Continued From page 2</p> <p>intake, [REDACTED] > (more than) [REDACTED] chronic diseases: [REDACTED] Under Goal: Resident [REDACTED] will maintain nutritional status as evidenced by no s/sx (signs/symptoms) of malnutrition ..." Under Interventions included: "Provide and serve diet as ordered-CCD/NAS ([REDACTED] liquids ..."</p> <p>A review of an "Order Summary Report (OSR)" dated [REDACTED] for Resident [REDACTED] revealed a Physician's order (PO's) for a [REDACTED] diet [REDACTED] texture, [REDACTED] consistency with an order and start date of [REDACTED]</p> <p>A review of the Speech Therapy Treatment Encounter Note(s) for Resident [REDACTED] written by the Speech Therapist at 11:49 a.m., with a Date of Service of [REDACTED], revealed it is recommended for the resident to consume [REDACTED] textures and [REDACTED] liquids) at this time with 1:1 for small bites/sips, [REDACTED] ingestion, and [REDACTED] as needed. This therapist educated the patient (Resident [REDACTED]) and licensed nursing staff on diet level upgrades and safe [REDACTED] strategies. Understanding noted. However, there was no documented evidence that the Physician also was provided this information about the diet change for Resident [REDACTED]</p> <p>A review of the "Diet Requisition Form (DRF)" undated revealed a diet change request for Resident [REDACTED] to [REDACTED] Soft, [REDACTED] Liquids, and D/C (discontinue) [REDACTED] texture and [REDACTED] Liquids. The DRF also noted Supplements/Special</p>	F 808	<p>and notify MD of change in diet for Resident # [REDACTED]</p> <p>ii. Identified that the facility cannot retroactively obtain and notify MD of change in diet for Resident [REDACTED]</p> <p>II. Identification of Others</p> <p>A. An assessment of the risk this deficient practice could have on residents at this facility was completed by the Administrator and Director of Nursing and identified that, All resident currently receiving a mechanically altered diet could have the potential to be affected by this deficient practice.</p> <p>B. An assessment of the status of resident [REDACTED] in relation this deficient practice was completed by the Administrator and Director of Nursing and identified that the resident was sent out to ER.</p> <p>III. Systemic Change</p> <p>A. On 06/01/2022 The Facility Governing Body met to review the facility policy for the obtaining and notification of the Physician of a change in diet and immediately</p> <p>i. On 7/10/22 the Facility Clinical Educator initiated in-service and education on the facility policy and procedure updating the care plan when a change of diet is ordered in reference to for Resident [REDACTED]</p> <p>B. The Director of Nursing / Unit Manager will complete a once weekly audit for the next 3 months on all diet change orders to ensure all orders include notification of the MD and maintain a monthly log.</p>		

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F 808	<p>Continued From page 3</p> <p>Requests/Comments: [REDACTED] liquids, 1:1 for all meals and PO (by mouth) intake, small bites/sips, and [REDACTED] ingestion. However, further review of the OSR did not reveal a PO's for the change in diet upgrade to [REDACTED] liquids on [REDACTED] for Resident [REDACTED].</p> <p>A review of the Resident [REDACTED] Progress Notes (PNs) from [REDACTED] through [REDACTED] revealed the following:</p> <p>On [REDACTED] at 9:48 p.m. and [REDACTED] at 2:11 p.m., reflected that the [REDACTED] liquid diet for Resident [REDACTED] was continued as ordered by the Physician. However, the facility staff could not verify if Resident [REDACTED] received a puree or [REDACTED] diet from [REDACTED] through [REDACTED].</p> <p>On 2 [REDACTED] at 6:59 p.m., the PN written by the Registered Nurse revealed the CNA (Certified Nursing Assistant) alerted this Nurse that the patient (resident) was [REDACTED] as he/she was being fed dinner. According to the PN, Resident [REDACTED] was in distress, and a code was immediately called in the building, and staff came to assist. The PN also showed that 911 was called ..., the [REDACTED] was started, the resident's [REDACTED] was swept clear immediately upon entering the room ... and suctioning was initiated. A team of staff-initiated [REDACTED] while paramedics were on their way. The [REDACTED] was applied and used ...The Police arrived shortly after. The patient was taken to the hospital via stretcher by the paramedics.</p> <p>A review of Meal Tracker Notes for Resident [REDACTED] received on [REDACTED] at 1:03 p.m. from the</p>	F 808	<p>C. The Dietician/Designee will complete an audit of 5 resident with mechanically altered diets trays once weekly audit for the next 3 months on mechanically to ensure each mechanically altered diet has the appropriate texture and consistency and maintain a monthly log.</p> <p>D. The Director of Nursing / Unit Manager will complete a once weekly audit for the next 3 months on all diet change orders to ensure all diet change orders are reflected in the residents care plan.</p> <p>IV. Quality Assurance</p> <p>A. The Director of Nursing will submit findings from the diet change audit to the QA/QAPI committee if further actions are deemed necessary the team will address.</p> <p>B. The Director of Nursing will submit findings from the diet change care plan audit to the QA/QAPI committee if further actions are deemed necessary the team will address.</p> <p>C. The Dietician will submit findings from the [REDACTED] altered diet audit to the QA/QAPI committee if further actions are deemed necessary the team will address the.</p> <p>D. The QA/QAPI committee will meet monthly for the next 3-months an review all findings to assess whether further action is necessary.</p> <p>V. Completion Date:07/15/2022</p>		

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F 808	<p>Continued From page 4</p> <p>current Food Service Director (FSD) revealed on [REDACTED] (a) diet slip was sent to change the resident's diet to be prepared as a [REDACTED] soft, and [REDACTED] liquids.</p> <p>A review of the Facility's Spring/Summer 2022 Diet Guide Sheet given to the surveyor by the FSD revealed Under "Monday (Day 2) Dinner" for Steak Fries, Under "[REDACTED] diet 4 Oz (ounces) of Mashed Potatoes was to be prepared for the [REDACTED] diet, and for the [REDACTED] " diet 4 Oz of mashed potatoes should be prepared.</p> <p>During an interview on 5/31/2022 at 2:50 p.m., the Speech Therapist stated she was familiar with Resident [REDACTED]. She said the resident was awake and [REDACTED], but his/her voice was not audible. When the surveyor asked her to describe the difference between a [REDACTED] Diet and a [REDACTED] Diet, she stated that a [REDACTED] texture appears as baby food with a smooth consistency with no chunks. A [REDACTED] soft (diet) is softer foods, ground meat texture, and no dry foods. The Speech Therapist explained [REDACTED] Diet was moist, with nothing crunchy or hard or difficult to chew.</p> <p>During an interview on 5/31/2022 at 2:56 p.m., the TNA who fed Resident [REDACTED] on [REDACTED] stated I opened up the (meal) tray. Resident [REDACTED] had regular French (Steak) fries, water, juice, and a hot dog roll on his/her tray. Resident [REDACTED] couldn't speak, but he/she shook his/her head, indicating "yes when I asked if he/she wanted the fries." The TNA stated that before "I fed (Resident [REDACTED]), I raised the head of the bed; I don't remember to what degree. The resident was already sitting up on [REDACTED] " She stated she learned to feed</p>	F 808			

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F 808	<p>Continued From page 5</p> <p>residents during CNA training. The TNA proceeded to say: that "the French (Steak) fries were sized slightly smaller than my index finger, so I cut them up into three to four pieces. I gave the resident the first piece of French (Steak) fry and a sip of water, and then I gave him/her a second piece. Then, Resident [REDACTED] sounded like he/she was [REDACTED], so I called for the Nurse. After I gave the resident the second piece of the fry, he/she seemed to want to throw up, so I called the Nurse from the door; I was with the resident the whole time." When the surveyor asked her what food was on the meal slip, she stated everything on [REDACTED] meal slip was on the tray.</p> <p>During an interview on 6/1/2022 at 9:00 a.m., the Unit Manager/Registered Nurse (UM/RN) stated I was the 7-3 p.m. Supervisor on [REDACTED]. The UM/RN said the diet change comes from the Speech Therapist for upgrading or downgrading the diet; the Speech Therapist and the Dietician work together, tell the Nurse, and then the new dietary slip is faxed to the kitchen. The UM further explained that the Nurse assigned to the resident that day gets the Physician's Order for the diet change, notifies the family, and all of the documentation should be in the progress notes (PNs) when it happens. The Unit Manager (UM) further stated that Resident [REDACTED]'s care plan should have been updated with the diet change. When the surveyor asked him, who does the update, he replied, "I do." The Nurse assigned to the resident tells me, and I update the care plan; once it is brought to my knowledge, I have to do it.</p> <p>During an interview on 6/1/2022 at 9:44 a.m., the Director of Nursing (DON) stated the process of a</p>	F 808			

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F 808	<p>Continued From page 6</p> <p>diet change is the Speech Therapist evaluates the resident, informs the Nurse before and after her evaluation of the diet change, gives or faxes DRF to the kitchen director, and the kitchen director updates it; then the Nurse or the manager notifies the Physician and the family; the Nurse should document in the PNs. The DON also stated a diet change is a change in condition for a resident, so the Nurse or the UM should notify the Physician. When the surveyor asked the DON what is considered a [REDACTED] diet, the DON replied [REDACTED] diet is soft and chopped. The DON explained the food is not cut unless there is an order for [REDACTED]. [REDACTED] is a soft texture. In the same interview, when the surveyor showed the DON the unsigned DRF written by the Speech Therapist for Resident [REDACTED], she stated the Nurse assigned to the resident or the Unit Manager would sign the DRF. During a second interview at 2:35 p.m., the DON said Resident # [REDACTED]'s care plan was not updated. I told the Unit Manager he didn't do it. The Care plan should have been updated within 24 hours. She continued to say all residents have a care plan in reference to the diet. The purpose of the CP is to know how we take care of patients.</p> <p>During an interview on 6/1/2022 at 10:25 a.m., the FSD stated that I get a diet slip for any diet change. A diet requisition form (DRF) is faxed to me from whoever changed the diet, the Nurse, Dietician, or speech therapist. They call to make sure I got the change, then I go into the meal tracker system and reprint the tickets immediately. When the surveyor asked him if steak fries would be part of a mechanical soft diet, the FSD replied that a regular steak fry should not be served on a mechanically soft diet.</p>	F 808			

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F 808	<p>Continued From page 7</p> <p>We automatically would serve mashed potatoes or an applicable starch.</p> <p>During a telephone interview on 6/1/2022 at 3:39 p.m., when the surveyor asked the Physician if he was notified of Resident [REDACTED]'s diet change on [REDACTED], he replied, "Mostly, if I get notified, there'd be an order."</p> <p>The Registered Nurse & the Dietician assigned to Resident [REDACTED] on [REDACTED] were unavailable for interviews at the time of the survey.</p> <p>During an interview on 6/1/2022 at 12:50 p.m. with the Cook, she stated a [REDACTED] diet is foods that are soft and go through a food processor. She continued to say something (the food) that was chopped by hand was not [REDACTED] soft. She stated the resident would get mashed potatoes, not whole steak fries.</p> <p>A review of a facility policy titled "Care Plans" with a revised date of 6/2018 Under "Policy": "Resident's individual care, needs, problems and goals will be addressed, in measurable form and in a timely manner by an interdisciplinary team in compliance with federal and state regulations." Under "Guidelines": "...4. Care plans are updated as needed based on any occurrences and changes that are relevant to the resident's care. Care plans will include measurable objectives with interventions based on the resident's care needs. 5. Care plans are reviewed and updated quarterly and annually and as needed for each resident by the interdisciplinary team."</p> <p>A review of an updated facility's policy titled</p>	F 808			

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F 808	<p>Continued From page 8</p> <p>"Therapeutic and Mechanically Altered Diets" indicated the following: Under "Policy," " In order to assure residents are provided with foods that are appropriate in nutrient content and texture based on their individual needs and medical conditions. These diets will be prepared and served in accordance with the adopted diet manual and congruent with the menu extensions." Under "Procedure": "...4. Diets are prepared according to the guidelines set forth in the approved diet manual."</p> <p>A review of a facility's 2018 DHCC (Dietetics in Health Care Communities) Manual of NJ (New Jersey) "Textured Modified Diets" included a list of varied diet textures served in the facility. Review of the "██████-Consistency" included but was not limited to: Under "Purpose": "To safely provide adequate nutrition and to facilitate eating for individuals with impaired chewing and/or swallowing ability." Under "Indications for Use:" revealed "This diet is commonly prescribed for individuals with dental problems, dry mouth, oral or esophageal surgery, mouth sore, cancer or tumor of the mouth, head or neck and head injury." Under "Description": indicated the pureed food are eaten and swallowed with minimal chewing and minimal jaw movement. Foods are pureed, homogenous, and smooth; and have pudding-like consistency." Under "Menu Planning Guidelines:" revealed "Meat, fish, vegetables, starches, soups and fruit must be pureed. Gravy, sauce, broth, or extra butter/margarine may be served to moisten the food ... Bread ...may be pureed or slurried ..." Further review of the 2018 DHCC Manual of NJ Under "Textured Modified Diets" the "Mechanical Soft Consistency" revealed Under "Purpose": "To safely provide adequate nutrition and to facilitate eating for</p>	F 808			

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F 808	<p>Continued From page 9</p> <p>individuals with impaired chewing and/or swallowing ability." Under "Indications for Use": "This diet is commonly prescribed for individuals with dental problems, dry mouth, oral or esophageal surgery, mouth sore, cancer or tumor of the mouth, head or neck and head injury... Individuals who are at risk for choking and aspiration may need this consistency for dysphagia management." Under "Description": "The [REDACTED] Soft foods are easy to chew and soft in texture. Meats are ground. Fruits and vegetables are fork mashable.</p> <p>A review of an updated facility's policy titled "Resident Nutrition Services" indicated the following: Under "Policy Statement": "Each resident is provided with a nourishing, palatable, well-balanced diet that meets his or her daily nutritional and special dietary needs, taking into consideration the preferences of each resident." Under "Policy Interpretation and Implementation": "1. The multidisciplinary staff, including nursing staff, the Attending Physician and the Dietician will assess each resident's nutritional needs, food likes, dislikes and eating habits. They will develop a resident care plan based on this assessment."</p> <p>Review of a facility's policy titled "Change in Resident Condition" dated 5/2018 indicated the following: Under "Policy Statement": "Our facility shall notify the resident, his or her Attending Physician, an authorized representative of change in the resident's medical condition and/or status." Under "Policy Interpretation and Implementation": "1. The Nurse will notify the resident's Physician when there has been a (an): ... d. significant change in the resident's physical/emotional/mental condition that impacts their current plan of care;... e. need to alter the</p>	F 808			

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F 808	<p>Continued From page 10</p> <p>resident's medical treatment significantly; i. specific instruction to notify the Physician of changes in the resident's condition. 4. The Nurse will record in the resident's medical record information relative to changes in the resident's condition or status."</p> <p>A review of a facility's policy titled "Physician Order" dated 10/2018 indicated the following: Under "Purpose": "To ensure that physician orders are complete and accurate." Under "Policy": "... All ancillary orders are complete and accurate."</p> <p>N.J.A.C. 8:39 17.4 (a)(2)</p>	F 808			