

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

PRINTED: 11/25/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315386	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 08/28/2020
NAME OF PROVIDER OR SUPPLIER ATLAS REHABILITATION AND HEALTHCARE AT MAYWOOD			STREET ADDRESS, CITY, STATE, ZIP CODE 100 WEST MAGNOLIA AVENUE MAYWOOD, NJ 07607		
(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 Karen McKenna COMPLAINT: # NJ00135750; NJ00137508 CENSUS: 91 SAMPLE: 4 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 VISIT.	F 000			
F 710 SS=D	Resident's Care Supervised by a Physician CFR(s): 483.30(a)(1)(2) §483.30 Physician Services A physician must personally approve in writing a recommendation that an individual be admitted to a facility. Each resident must remain under the care of a physician. A physician, physician assistant, nurse practitioner, or clinical nurse specialist must provide orders for the resident's immediate care and needs. §483.30(a) Physician Supervision. The facility must ensure that- §483.30(a)(1) The medical care of each resident is supervised by a physician; §483.30(a)(2) Another physician supervises the medical care of residents when their attending physician is unavailable. This REQUIREMENT is not met as evidenced by: C#NJ00135750	F 710	1. The primary care physician for resident		9/18/20

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

TITLE

(X6) DATE

Electronically Signed

09/17/2020

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 710	<p>Continued From page 1</p> <p>Based on observation, interview, and record review, it was determined that the facility failed to implement a Physician's Order (PO) for a resident to receive an [REDACTED] for 1 of 1 Resident (Resident #1) reviewed.</p> <p>This deficient practice was evidenced by the following:</p> <p>On 8/28/20 at 11:50 AM, the surveyor observed Resident #1 in their room seated in a wheelchair watching television without apparent [REDACTED]</p> <p>A review of the resident's Face Sheet (an admission summary) reflected that the resident was admitted to the facility on [REDACTED] and had diagnoses which [REDACTED]</p> <p>A review of the 7/1/20 Annual Minimum Data Set (MDS), an assessment tool, indicated a Brief Interview for Mental Status (BIMS) score of [REDACTED], which reflected that the resident's [REDACTED] was [REDACTED].</p> <p>The surveyor reviewed the [REDACTED] Physicians Order Summary (POS) Report, revealed a PO for [REDACTED] There was no discontinued date.</p> <p>The surveyor reviewed the [REDACTED] Medication Administration Record (MAR), which had</p>	F 710	<p>#1 ordered a continuation of the [REDACTED] treatment as needed along with a standing [REDACTED] treatment on a daily basis for one week on [REDACTED] The order was carried out and the family was informed on [REDACTED]</p> <p>2. All residents who reside in the facility have the potential to be impacted by the deficient practice.</p> <p>3. All new and discontinued physician orders will be documented and communicated to the resident or designee. Nursing staff were provided with inservices on obtaining and carrying out physician orders including not to discontinue a medication without the physician order.</p> <p>4. The Director of Nursing Services or designee will conduct a random audit of new and discontinued physician orders on a weekly basis for three months. This audit will include reviewing documentation for physician and resident or designee notification. The findings of the audit will be discussed in the monthly Quality Assurance and Performance Improvement meeting. The Administrator will take action as needed.</p>		

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F 710	<p>Continued From page 2</p> <p>transcribed the [REDACTED] [REDACTED] with a start date of [REDACTED] and a discontinue date of [REDACTED]. The [REDACTED] MAR reflected that the medication had been administered on [REDACTED], [REDACTED] [REDACTED] 0. The medication was not administered on [REDACTED]</p> <p>On 8/28/20 at 11:30 AM, the survey team met with the Director of Nursing (DON) and the Administrator and requested a copy of the PO for the discontinuation of the [REDACTED] Medication. The DON stated that there was no PO to discontinue the medication. The Administrator noted that the facility followed the Center for Disease Control's (CDC) recommendations with guidance to discontinue [REDACTED]</p> <p>On that same day at 1:10 PM, during an interview, the Nurse Practitioner (NP) stated that she had been aware that the [REDACTED] [REDACTED] Medication was discontinued. Still, she had not discontinued it, and stated, "the facility did." The surveyor asked the NP if she felt it was appropriate for the facility to discontinue medications without a physician's order. The NP did not respond.</p> <p>On that same day at 2:30 PM, during a phone interview, the Resident #1's Primary Care Physician (PCP) stated that he did not give orders to discontinue the [REDACTED] [REDACTED], nor was he aware that the facility discontinued it. He further said that he became aware when Resident #1's daughter contacted him very upset that the resident's [REDACTED]</p>	F 710			

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F 710	<p>Continued From page 3</p> <p>Medications had been discontinued. The physician told the surveyor it was at that time, when the DON informed him that the staff did not want to administer the Medications via the [REDACTED] because of the risk of them contracting the virus. The physician then ordered the [REDACTED] medication to resume routinely [REDACTED].</p> <p>The DON provided the surveyor with a copy of the CDC Coronavirus Disease (COVID-19) Interim U.S. Guidance for Risk Assessment and Work Restrictions for Healthcare Personnel with Potential Exposure to Covid-19, which did not address the recommendation for the discontinuation of [REDACTED].</p> <p>The survey team met with the Administrator and DON and discussed the above observations and concerns. The Administrator and the DON both stated that they should have obtained a PO before discontinuing Resident #1's [REDACTED].</p> <p>There was no additional information provided by the facility.</p> <p>NJAC: 8:39- 27. 1 (b)</p>	F 710			

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 315386	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	Y2	DATE OF REVISIT 9/22/2020	Y3
NAME OF FACILITY ATLAS REHABILITATION AND HEALTHCARE AT MAYWOOD			STREET ADDRESS, CITY, STATE, ZIP CODE 100 WEST MAGNOLIA AVENUE MAYWOOD, NJ 07607		

This report is completed by a qualified State surveyor for the Medicare, Medicaid and/or Clinical Laboratory Improvement Amendments program, to show those deficiencies previously reported on the CMS-2567, Statement of Deficiencies and Plan of Correction, 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 CMS-2567 (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 F0710	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 483.30(a)(1)(2)	Completed	Reg. #	Completed	Reg. #	Completed
LSC	09/22/2020	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 8/28/2020		<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			