

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>315037</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>08/06/2020</b>
NAME OF PROVIDER OR SUPPLIER  <b>TEANECK NURSING CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1104 TEANECK ROAD</b> <b>TEANECK, NJ 07666</b>	
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F 000	INITIAL COMMENTS  COMPLAINT #: NJ00137067, NJ00135639, & NJ00133977  CENSUS: 78  SAMPLE SIZE: 5  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 641 SS=D	Accuracy of Assessments CFR(s): 483.20(g)  §483.20(g) Accuracy of Assessments. The assessment must accurately reflect the resident's status. This REQUIREMENT is not met as evidenced by: Complaint #NJ00135639  Based on observation, interview, and record review, it was determined that the facility failed to assess a resident's status in the Minimum Data Set (MDS), an assessment tool used to facilitate the management of care accurately. This deficient practice was identified for 1 of 5 residents reviewed, Resident #1.  This deficient practice was evidenced by the following:  On 8/6/20 at 9:10 AM, the surveyor observed Resident #1 inside their room, lying in bed with the call bell within reach. The resident informed	F 641	F641 1. Resident #1 MDS assessment dated <small>Exec Order 26 § 4b1 individual's health info</small> were reviewed and determined that the resident's status was not accurately assessed. The MDS assessments were modified and electronically resubmitted to reflect assessment accuracy.  2. All residents have the potential to be affected when resident's statuses are not accurately assessed.  3. The LPN MDS nurse was in-serviced by the Regional MDS Coordinator regarding the importance referring to the	8/14/20

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

TITLE

(X6) DATE

Electronically Signed

08/17/2020

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 641	<p>Continued From page 1</p> <p>the surveyor that he/she had a fall incident in the facility. The resident was unable to remember the exact details of the fall incident.</p> <p>A review of the resident's Face Sheet, an admission summary, revealed that Resident #1 had diagnoses which included but were not limited to Exec Order 26 § 4b1 individual's health info [REDACTED]</p> <p>A review of the resident's MDS dated Exec Order 26 § 4b1 in [REDACTED]</p> <p>Further review of both the Exec Order 26 § 4b1 individual's health info [REDACTED]</p> <p>A review of the resident's fall Care Plan (CP), dated Exec Order 26 § 4 [REDACTED], revealed the resident had a Exec Order 26 [REDACTED]. The CP Intervention revealed, "Sent to ER for eval."</p> <p>Further review of the CP showed that the resident had another Exec Order 26 § 4b1 individual's health info [REDACTED]</p> <p>A review of the Exec Order 26 § 4 [REDACTED] Incident/Accident (I/A) Report showed that Resident #1 had a Exec Order 26 § 4b [REDACTED] with an order to transfer to the hospital for further evaluation.</p>	F 641	<p>Resident Assessment Instrument Manual to ensure the accuracy of the level of injury resulting from a fall.</p> <p>4. The DON or designee will monitor five MDS entries prior to submission for two months. Daily fall meetings will be initiated to ensure that all components related to resident incidents and accidents are reviewed and captured for accurate MDS submission. Findings related to MDS accuracy will be reported at the next Quarterly QA meeting.</p> <p>Date of Completion August 14, 2020</p>	

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F 641	<p>Continued From page 2</p> <p>Review of the <sup>Exec Order 26 § 4</sup> I/A Report revealed that the resident had a <sup>Exec Order 26 § 4b1 individual's health info</sup>.</p> <p>A review of the Clinical Notes dated <sup>Exec Order 26 § 4</sup> at 11:00 PM after the <sup>Exec O</sup> incident revealed that the resident had <sup>Exec Order 26 § 4b1 individual's health info</sup>, which was determined to be effective.</p> <p>On 8/6/2020 at 11:35 AM, the surveyor interviewed the Licensed Practical Nurse/MDS Nurse (LPN/MDS Nurse), who informed the surveyor that she was responsible for completing the MDS assessment with oversight from the Director of Nursing (DON) who was a Registered Nurse. The LPN/MDS Nurse indicated that it was the DON who signed and acknowledged the MDS assessment was correct and completed. She further stated that the DON who signed the 1/15/20 and 4/4/20 MDS was not the current DON.</p> <p>At that same time, the LPN/MDS Nurse informed the surveyor that the <sup>Exec Order 26 §</sup> MDS should have captured the <sup>Exec Order 26 § 4b1 individual</sup>, and the <sup>Exec Order 26</sup> MDS should have captured the <sup>Exec Order 26 § 4b1 in</sup>. She further stated, "I followed the Resident Assessment Instrument (RAI) manual."</p> <p>On 8/6/20 at 12:11 PM, the LPN/MDS Nurse informed the surveyors that she rechecked the RAI Manual and acknowledged that she incorrectly coded the <sup>Exec Order 26 § 4b1 individual's health info</sup> MDS.</p> <p>On 8/6/20 at 1:03 PM, the survey team met with the Administrator, DON, and Regional Nurse to discuss the above concerns.</p> <p>A review of the CMS's RAI Version 3.0 Manual</p>	F 641			

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

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F 641	Continued From page 3 updated October 2019 provided by the LPN/MDS Nurse titled, "J1900: Number of Falls Since Admission/Entry or Reentry or Prior Assessment" documented under Page J-32 "Definitions of No injury-no evidence of any injury is noted on the physical assessment by the nurse or primary care clinician; no complaints of pain or injury by the resident; no change in the resident's behavior is noted after the fall," and "Injury except major-includes skin tears, abrasions, lacerations, superficial bruises, hematomas, and sprains; or any fall-related injury that causes the resident to complain of pain."  NJAC 8:39-11.2(e)1; 27.1(a)	F 641			