

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

PRINTED: 04/19/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315176	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 10/27/2022
NAME OF PROVIDER OR SUPPLIER MEDFORD CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 185 TUCKERTON ROAD MEDFORD, NJ 08055		
(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 #: NJ158885 Census: 122 Sample Size: 8 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. Survey date: 10/25/2022, 10/26/2022 and 10/27/2022	F 000			
F 760 SS=D	Residents are Free of Significant Med Errors CFR(s): 483.45(f)(2) The facility must ensure that its- §483.45(f)(2) Residents are free of any significant medication errors. This REQUIREMENT is not met as evidenced by: C#: NJ158885 Based on interviews, medical record review, and review of other pertinent facility documents on 10/25/2022, 10/26/2022, and 10/27/2022, it was determined that the facility failed to follow Physician's Order for Medication Administration, failed to follow the facility's policy titled "Medication and Treatment record Administration, and Documentation Policy" for 1 of 8 residents (Resident #5). This deficient practice was evidenced by the following: Reference: New Jersey Statutes, Annotated Title	F 760	1. The facility follows the Physician Order and Medication Administration policies. Resident #5 had no ill effects from the concern identified and the physician was notified with no new orders received. Licensed nurses were re-educated regarding signing off on medications administered by the Assistant Director of Nursing on October 27, 2022. 2. The facility acknowledges that current residents have the potential to be affected by the concern identified. 3. The Assistant Director of Nursing will continue to re-educate licensed nurses regarding medication administration to	12/1/22	

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

TITLE

(X6) DATE

Electronically Signed

11/22/2022

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 760	<p>Continued From page 1</p> <p>45 Chapter 11, Nursing Board. The Nurse Practice Act for the State of New Jersey states: "the practice of nursing as a Registered Professional Nurse is defined as diagnosing and treating human response to actual or potential physical and emotional health problems, through such services as case finding, health teaching, health counseling, and provision of care supportive to restorative of life and wellbeing, and executing medical regimens as prescribed by a licensed or otherwise legally authorized physician or dentist."</p> <p>Reference: "The practice of nursing as a Licensed Practical Nurse is defined as performing tasks, and responsibilities within the framework of case finding, reinforcing the patient and family teaching program through health teaching, health counseling, and provision of supportive and restorative care, under the direction of a Registered Nurse, or otherwise legally authorized Physician or Dentist."</p> <p>Review of the Medical Record (MR) was as follows:</p> <p>According to the "Face Sheet (FS)," Resident #5 was admitted to the facility on [REDACTED] with diagnosis which included but was not limited to [REDACTED].</p> <p>A review of the Minimum Data Set (MDS), an assessment tool used to facilitate the management of care, dated [REDACTED], revealed Resident #5 had a Brief Interview of Mental Status (BIMS) score of [REDACTED], which indicated the resident had [REDACTED]. The MDS also showed Resident #5 needed total assistance with all Activities of Daily Living</p>	F 760	<p>include the signing off of medications when administered. Re-education will be completed by November 29, 2022.</p> <p>4. Unit Managers will conduct random weekly audits of 5 resident Medication Administration Records on each of their units to verify that medications are being signed for as administered. Areas of concern will be addressed. The Director of Nursing will review the results of these audits during the Quality Assurance Performance Improvement meeting monthly for the next three months with follow up provided as needed.</p>		

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F 760	<p>Continued From page 2 (ADLs).</p> <p>The "Physician Order Form" dated [REDACTED] for Resident #5 included the following Physician's Orders (POs):</p> <p>[REDACTED] MG (milligram) give 1 tablet by mouth every day at 9:00 a.m. for [REDACTED] dated [REDACTED]</p> <p>[REDACTED] before meals and bedtime for [REDACTED] at 6:30 a.m., 11:30 a.m., 4:30 p.m., and 9:00 p.m. [REDACTED]</p> <p>[REDACTED] D (Medical Doctor) dated [REDACTED].</p> <p>[REDACTED] before meals for [REDACTED] at 8:30 a.m., 11:30 a.m., and 4:30 p.m., dated [REDACTED]</p> <p>[REDACTED] at bedtime for [REDACTED] at 9:00 p.m., dated [REDACTED].</p> <p>[REDACTED] MG give 1 tablet by mouth every day at 9:00 a.m., for [REDACTED] dated [REDACTED]</p> <p>[REDACTED] MG give 1 tablet by mouth twice daily with meals at 8:00 a.m. and 5:00 p.m., for [REDACTED] dated [REDACTED].</p> <p>[REDACTED] twice daily with lunch and dinner</p>	F 760		

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F 760	<p>Continued From page 3</p> <p>██████████ d DX (diagnosis) Supplement dated ██████████</p> <p>██████████ by mouth daily with breakfast ██████████) consumed DX: Supplement dated ██████████</p> <p>██████████ (sugar-free) (gram)- ██████████ liquid ██████████ ML by mouth twice daily at 10:00 a.m. and 2:00 p.m., DX: ██████████ dated ██████████.</p> <p>██████████ screen every shift 7:00 a.m. to 3:00 p.m. shift, 3:00 p.m. to 11:00 p.m. shift, and 11:00 p.m. to 7:00 a.m. shift: ██████████ used ██████████</p> <p>██████████</p> <p>Review of the Medication Administration Record (MAR) dated ██████████ for Resident #5 confirmed the POs were not administered because there was no documented evidence that the staff administered the aforementioned medications to the resident(Resident #5), as evidenced by the following:</p> <p>██████████ MG (milligram) give 1 tablet by mouth every day for ██████████ of the ██████████) on 10/8/2022, 10/9/2022, and 10/10/2022 at 9:00 a.m., was blank.</p> <p>██████████ before meals and bedtime for ██████████</p> <p>██████████ as follows: ██████████</p> <p>██████████ D (Medical Doctor) on 10/1/2022 at 6:30 a.m., 9:00 p.m., on 10/16/2022</p>	F 760		

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F 760	<p>Continued From page 4 at 4:30 p.m. and 9:00 p.m., and 10/19/2022 at 9:00 p.m., was blank.</p> <p>██████████ before meals for ██████████ on 10/6/2022 at 11:30 a.m., on 10/8/2022 at 8:30 a.m., and 11:30 a.m., on 10/16/2022 at 4:30 p.m., on 10/18/2022 at 11:30 a.m., on 10/19/2022 at 4:30 p.m., on 10/20/2022 at 8:30 a.m., and on 10/23/2022 at 4:30 p.m., was blank.</p> <p>██████████ at bedtime for DM Type 2 on 10/12/2022 and 10/16/2022 at 9:00 p.m., was blank.</p> <p>██████████ MG, give 1 tablet by mouth every day for ██████████ on 10/8/2022 at 9:00 a.m., was blank.</p> <p>██████████ give 1 tablet by mouth twice daily with meals for ██████████ on 10/8/2022 at 9:00 a.m., was blank.</p> <p>██████████ twice daily with lunch and dinner consumed DX (diagnosis) supplement on 10/8/2022 at 12:00 p.m. was blank.</p> <p>██████████ by mouth daily with breakfast (amount) consumed DX: supplement on 10/8/2022 at 8:00 a.m. was blank.</p> <p>██████████ (sugar-free) (gram)-██████████ ML by mouth twice daily, DX: ██████████ on 10/8/2022 at 10:00 a.m., and 2:00 p.m., on 10/17/2022, 10/18/2022, 10/19/2022, 10/21/2022, 10/22/2022 and 10/23/2022 at 2:00 p.m., was blank.</p>	F 760			

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F 760	<p>Continued From page 5</p> <p>█ screen every shift 7:00 a.m. to 3:00 p.m. shift, 3:00 p.m. to 11:00 p.m. shift, and 11:00 p.m. to 7:00 a.m. shift: █ on 10/11/2022 on the 11:00 p.m. to 7:00 a.m. shift was blank.</p> <p>Review of the Progress Notes (PNs) for Resident #5 showed no documentation that the medications mentioned above were administered according to the POs on the mentioned dates and times.</p> <p>During an interview on 10/27/2022 at 9:47 a.m., the Licensed Practical Nurse/Unit Manager (LPN/UM) stated, looking at the MAR, "if it (MAR) is not signed, it is not given, but realistically there could have been an interruption for which the LPN did not sign the MAR." The LPN/UM stated she expects that the LPN should double-check that the MAR is signed out completely for medications administered on their shift.</p> <p>During an interview on 10/27/2022 at 10:35 a.m., the Administrator stated, "I have no idea why the MAR is blank." I am not on the cart, and she expects the LPN to sign the MAR upon administering the medication. The Administrator further revealed the blanks (spaces) on the MAR were random. Some of the medications were all signed out by the LPN on the same shift, while others were not. The Administrator further stated, "I can't answer as to why the MAR was not signed out completely, other than maybe something happened, the LPN walked away from the MAR and forgot to sign out the medication.</p> <p>The Surveyor attempted to contact the LPN</p>	F 760		

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F 760	<p>Continued From page 6</p> <p>assigned to Resident #5 at the time of the blank spaces or missed doses, but the LPN was unavailable for a phone interview.</p> <p>There were no negative or adverse outcome documented due to the missed dose of medications</p> <p>The Administrator was made aware of the Surveyor's findings and did not provide any additional information indicating the medications were administered.</p> <p>Review of the facility's policy, last approved 10/2022, titled "Medication and Treatment record Administration," under Policy: Medications are administered by licensed staff nurses according to policies and procedures following all regulatory guidelines. Procedure: q. Document medication administration by charting it in the residents clinical record.</p> <p>Review of the facility's policy, last approved 9/2022, titled "Documentation Policy," under Policy: All services provided to the resident, progress toward the care plan goals or any changes in the resident's medical, physical, functional or psychosocial condition, shall be documented in the resident's medical record. The medical records should facilitate communication between the interdisciplinary team regarding the resident's condition and response to care. Procedure: 3. Documentation in the medical record will be objective (not opinionated or speculative), complete, and accurate.</p> <p>NJAC 8:39-11.2(b)</p>	F 760			

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F 842 F 842 SS=E	Continued From page 7 Resident Records - Identifiable Information CFR(s): 483.20(f)(5), 483.70(i)(1)-(5) §483.20(f)(5) Resident-identifiable information. (i) A facility may not release information that is resident-identifiable to the public. (ii) The facility may release information that is resident-identifiable to an agent only in accordance with a contract under which the agent agrees not to use or disclose the information except to the extent the facility itself is permitted to do so. §483.70(i) Medical records. §483.70(i)(1) In accordance with accepted professional standards and practices, the facility must maintain medical records on each resident that are- (i) Complete; (ii) Accurately documented; (iii) Readily accessible; and (iv) Systematically organized §483.70(i)(2) The facility must keep confidential all information contained in the resident's records, regardless of the form or storage method of the records, except when release is- (i) To the individual, or their resident representative where permitted by applicable law; (ii) Required by Law; (iii) For treatment, payment, or health care operations, as permitted by and in compliance with 45 CFR 164.506; (iv) For public health activities, reporting of abuse, neglect, or domestic violence, health oversight activities, judicial and administrative proceedings, law enforcement purposes, organ donation purposes, research purposes, or to coroners,	F 842 F 842		12/1/22	

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F 842	<p>Continued From page 8</p> <p>medical examiners, funeral directors, and to avert a serious threat to health or safety as permitted by and in compliance with 45 CFR 164.512.</p> <p>§483.70(i)(3) The facility must safeguard medical record information against loss, destruction, or unauthorized use.</p> <p>§483.70(i)(4) Medical records must be retained for-</p> <p>(i) The period of time required by State law; or</p> <p>(ii) Five years from the date of discharge when there is no requirement in State law; or</p> <p>(iii) For a minor, 3 years after a resident reaches legal age under State law.</p> <p>§483.70(i)(5) The medical record must contain-</p> <p>(i) Sufficient information to identify the resident;</p> <p>(ii) A record of the resident's assessments;</p> <p>(iii) The comprehensive plan of care and services provided;</p> <p>(iv) The results of any preadmission screening and resident review evaluations and determinations conducted by the State;</p> <p>(v) Physician's, nurse's, and other licensed professional's progress notes; and</p> <p>(vi) Laboratory, radiology and other diagnostic services reports as required under §483.50.</p> <p>This REQUIREMENT is not met as evidenced by: C#: NJ00158885</p> <p>Based on interviews, medical record review, and review of other pertinent facility documents on 10/25/22, 10/26/22, and 10/27/22, it was determined that the facility failed to consistently complete the Resident's "Nursing Care Log," maintain readily accessible medical records, and</p>	F 842	<p>1. The facility completes the resident "Nursing Care Log" for each resident and maintains easily accessible records (NCL) that follow the facility policy (Documentation Policy). Residents #3, #4, #5 and #8 had no ill effects related to the concern identified and their Nursing Care Logs have been completed.</p> <p>2. The facility acknowledges that current</p>		

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F 842	<p>Continued From page 9</p> <p>follow the facility's policy titled "Documentation Policy" for 4 of 8 residents (Resident #3, #4, #5, and #8) reviewed for documentation. This deficient practice was evidenced by the following:</p> <p>Review of the Medical Records (MR) were as follows:</p> <p>1. According to the Face Sheet (FS), Resident #3 was admitted to the facility on [REDACTED] with diagnosis that included but was not limited to [REDACTED]</p> <p>The Minimum Data Set (MDS), an assessment tool, dated [REDACTED] showed that Resident #3's cognitive status was [REDACTED] and required extensive assistance from staff for Activities of Daily Living (ADL).</p> <p>The surveyor reviewed the Nursing Care Log (NCL), an ADL care task provided to the Resident and documented by the Certified Nursing Assistants (CNA) during their assigned shift. The NCL for [REDACTED] and [REDACTED] revealed the following:</p> <p>The NCL forms had assigned ADL care tasks which included but were not limited to Ambulation, Turn and Repositioning, Assists Device, Transfer, Siderails, Positioning, Snacks, Dentures, Hearing Aid, Oral Hygiene, Fall Precautions, Alarms, Shower, Eating and consumption, Elimination, and Urination.</p> <p>Further review of the aforementioned ADL care tasks on the NCL form revealed that all tasks for [REDACTED] and [REDACTED] were left blank or unsigned every day and on all shifts.</p>	F 842	<p>residents have the potential to be affected by the concern identified.</p> <p>3. The Assistant Director of Nursing will re-educate nurse aides regarding the requirement to complete the Nursing Care Log to document the care they provide to the residents. This re-education will be completed by November 29, 2022.</p> <p>4. The Unit Managers will randomly audit five resident Nursing Care Logs on each of their respective units weekly for the next 90 days to verify completion of the required documentation. Areas of concern will be addressed. The Director of Nursing will review the results of these audits at the Quality Assurance Performance Improvement meetings for the next three months with follow up provided as needed.</p>		

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F 842	<p>Continued From page 10</p> <p>At the time of the survey, the facility could not provide the NCL form for [REDACTED].</p> <p>2. According to FS, Resident #4 was admitted to the facility on [REDACTED] with diagnosis that included but was not limited to [REDACTED].</p> <p>The MDS dated [REDACTED] showed that Resident #4's cognitive status was [REDACTED] and required limited assistance from staff for ADL.</p> <p>The surveyor reviewed Resident #4's NCL for the month of [REDACTED], which showed that all the ADL care tasks on the form were left blank or unsigned every day and on all shifts.</p> <p>Further review of Resident #4's NCL form for the month of [REDACTED] showed all the ADL care tasks were left blank or unsigned every day and on all shifts except on 10/7/22 on the 3-11 PM shift.</p> <p>At the time of the survey, the facility could not provide the NCL form for September 2022.</p> <p>3. According to the FS, Resident #5 was admitted to the facility on [REDACTED] with diagnosis that included but was not limited to [REDACTED].</p> <p>The MDS dated 10/14/22 showed that Resident #5's cognitive status was [REDACTED] and required total assistance from staff for ADL.</p> <p>The surveyor reviewed Resident #5's NCL form for the month of [REDACTED] and [REDACTED], which showed that all the ADL care tasks on the form were left blank or unsigned every day and on all shifts.</p>	F 842			

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NAME OF PROVIDER OR SUPPLIER MEDFORD CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 185 TUCKERTON ROAD MEDFORD, NJ 08055		
(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 842	<p>Continued From page 11</p> <p>At the time of the survey, the facility could not provide the NCL form for [REDACTED].</p> <p>4. According to the FS, Resident #8 was admitted to the facility on [REDACTED] with diagnosis that included but was not limited to: [REDACTED].</p> <p>The MDS dated [REDACTED] showed that Resident #8's cognitive status was intact and required extensive to total assistance from staff for ADL.</p> <p>The surveyor reviewed Resident #8's NCL for the month of [REDACTED], which showed that all the ADL care tasks on the form were left blank or unsigned every day and on all shifts.</p> <p>Review of the NCL for [REDACTED] showed all ADL care tasks were left blank or unsigned every day and on all shifts except on [REDACTED] during the 7-3 PM shift.</p> <p>At the time of the survey, the facility could not provide the NCL form for [REDACTED].</p> <p>The surveyor interviewed CNA #1 on 10/25/22 at 12:45 PM, who stated that other CNAs were not completing the NCL form, and she had never done it either. CNA #1 could not explain why the form was incomplete or left blank but acknowledged that she should have completed it during her shift and will start doing it moving forward</p> <p>The surveyor interviewed the Licensed Practical Nurse/Unit Manager (LPN/UM) on 10/25/22 at 12:35 PM; she stated that CNAs are expected to complete the NCL form at the end of their shift.</p>	F 842			

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

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FORM APPROVED
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F 842	<p>Continued From page 12</p> <p>The LPN/UM could not answer when the surveyor asked why the CNAs did not complete the NCL form for the sampled Residents for the month of [REDACTED] and [REDACTED], but she acknowledged that she is responsible for making sure that the forms are completed accurately and timely. She stated that she will start monitoring the completion of the form moving forward. The LPN/UM was unable to locate the September NCL forms for all the sampled Residents and could not provide additional documentation to the surveyor.</p> <p>Review of the facility's policy last approved 9/2022, titled "Documentation Policy," under "Policy" indicated: All services provided to the Resident, progress toward the care plan goals or any changes in the Resident's medical, physical, functional, or psychosocial condition, shall be documented in the Resident's medical record. The medical records should facilitate communication between the interdisciplinary team regarding the Resident's condition and response to care. Procedure: 3. Documentation in the medical record will be objective (not opinionated or speculative), complete, and accurate.</p> <p>NJAC 8:39-35.2 (a)(g)1</p>	F 842			