

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

PRINTED: 12/14/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315008	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 09/25/2021
NAME OF PROVIDER OR SUPPLIER LAUREL MANOR HEALTHCARE AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 18 W LAUREL ROAD STRATFORD, NJ 08084		
(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 #: NJ147948 and NJ146790 Census: 95 Sample Size: 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 survey.	F 000			
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	F 580		10/12/21	

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

TITLE

(X6) DATE

Electronically Signed

10/12/2021

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 580	<p>Continued From page 1</p> <p>resident and the resident representative, if any, when there is-</p> <p>(A) A change in room or roommate assignment as specified in §483.10(e)(6); or</p> <p>(B) A change in resident rights under Federal or State law or regulations as specified in paragraph (e)(10) of this section.</p> <p>(iv) The facility must record and periodically update the address (mailing and email) and phone number of the resident representative(s).</p> <p>§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: NJ147948</p> <p>Based on record review, interviews, and review of facility policy, it was determined that the facility failed to notify the family of a medication change for one of four (Resident #1) residents reviewed for notification of changes.</p> <p>Findings included:</p> <p>1. The facility admitted Resident #1 with diagnoses that included a [REDACTED] around the [REDACTED], a [REDACTED], a [REDACTED] history of [REDACTED]</p>	F 580	<p>F 580 Resident #1 effected by the alleged deficient practice. Resident is no longer in the facility [REDACTED]. All residents residing at Laurel Manor with changes of condition have the potential to be affected by this deficient practice. All licensed Nursing staff will be re-educated on the policy of notifying the responsible party when resident changes occur. Please note Staff was educated to document when notifying in pcc. Weekly audits of resident change of conditions will be completed by Unit Managers X4 then Monthly X 3. Corrective measures initiated by adding</p>		

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F 580	<p>Continued From page 2</p> <p>A review of Resident #1's face sheet revealed Resident #1 was their own responsible party (RP).</p> <p>A review of the admission Minimum Data Set (MDS), dated [REDACTED], indicated that Resident #1 had a Brief Interview for Mental Status (BIMS) score of [REDACTED] which indicated the resident was [REDACTED]. Resident #1 required extensive assistance for bed mobility, transfer, dressing, toilet use, and personal hygiene. Resident #1 required supervision for eating and physical help in part of bathing activity.</p> <p>A review of the nurse's notes written by Licensed Practical Nurse (LPN) #3, dated [REDACTED], revealed LPN #3 received a call from Resident #1's family member stating that Resident #1 kept calling and saying they [REDACTED], and [REDACTED] about them. Resident #1 was noted to have [REDACTED] that morning and was unable to be re-directed. The facility's Medical Doctor was notified, and a new order for [REDACTED] milligram (mg) twice daily was ordered for [REDACTED] and [REDACTED]. There was no documentation to indicate that LPN #3 discussed the new medication with the resident or that the family had been contacted to inform them of the new medication order.</p> <p>An interview on 09/24/2021 at 12:35 PM with Resident #1's family member revealed that they were not notified that Resident #1 was prescribed [REDACTED] mg twice a day (BID) or the reason for the added medication.</p> <p>During an interview on 09/25/2021 at 1:53 PM, Licensed Practical Nurse (LPN) #3 stated that</p>	F 580	<p>changes of condition template into PCC. Findings and trends will be reviewed at QAPI. Responsible staff member: DON/ ADON's</p>	

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F 580	<p>Continued From page 3</p> <p>she did not remember Resident #1 or remember writing the nurse's notes on [REDACTED]. LPN #3 further stated that if there were any changes in medications, she would notify the power of attorney/responsible party and document in the nurse's notes who was contacted. LPN #3 stated that if the resident was their own responsible party, she would discuss the change of medication with the resident if the resident was mentally alert. The LPN further stated she would ask the resident if they wanted anyone notified in the family and document that information in the nurse's notes.</p> <p>During an interview on 09/25/2021 at 2:10 PM, the Director of Nursing (DON) stated that it was her expectation that the nurse calls the resident's RP or the first contact in the chart to notify them of any medication change and document it in the nurse's notes. The DON further stated that if the resident was their own RP, then the medication change would be discussed with the resident and documented in the nurse's notes. The facility would get permission from the resident to notify the first contact in the chart. The DON indicated that if they didn't reach the first contact, then they would try the second contact.</p> <p>A review of the facility's policy titled, "Nursing Notification of Changes," revised on 06/29/2021, revealed, "It is the policy of this facility to immediately inform the resident; consult with the resident's physician; and if known, notify the resident's legal representative or an interested family member of the following changes, in person, via telephone or via email. Procedure: 3. A need to alter treatment significantly (i.e., need to discontinue an existing form of treatment due to adverse consequences, or to commence a</p>	F 580			

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F 580	Continued From page 4 new form of treatment)." New Jersey Administrative Code § 8:39-5.1(a)	F 580			