

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

PRINTED: 05/20/2021
FORM APPROVED
OMB NO. 0938-0391

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315205 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 12/23/2020 |
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| NAME OF PROVIDER OR SUPPLIER MAJESTIC CENTER FOR REHAB & SUB-ACUTE CARE | | | STREET ADDRESS, CITY, STATE, ZIP CODE TWO COOPER PLAZA CAMDEN, NJ 08103 | |
| (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 Survey date: 12/23/2020 Census: 95 Sample: 38 A Recertification Survey was conducted to determine compliance with 42 CFR Part 483, Requirements for Long Term Care Facilities. Deficiencies were cited for this survey. A COVID-19 Focused Infection Control Survey was conducted by the New Jersey Department of Health. The facility was found to be in compliance with 42 CFR §483.80 infection control regulations and has implemented the CMS and Centers for Disease Control and Prevention (CDC) recommended practices for COVID-19. | F 000 | | |
| F 641 SS=B | 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: Based on interview and record review, it was determined that the facility failed to complete the required Minimum Data Assessment (MDS), an assessment tool, upon a resident's discharge from the facility. This deficient practice was identified for 5 of 6 residents (Residents #1, #2, #3, #4, #5) reviewed for Resident Assessment and was evidenced by the following: 1. On 12/16/2020, the surveyor reviewed the | F 641 | 1)Corrective action Residents 1,2,3,4,5 had an omission of a discharge MDS assessment in the months of July and August 2020. These omitted assessments were completed by the new MDS coordinator. 2)Identification of other residents who have the potential to be affected : | 1/17/21 |

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

TITLE

(X6) DATE

Electronically Signed

01/17/2021

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 641 | <p>Continued From page 1</p> <p>Admission Record of Resident #1 which revealed that Resident #1 was admitted to the facility with diagnoses of [REDACTED]. According to the Census section of the EMR, Resident #1 was discharged from the facility on [REDACTED].</p> <p>The surveyor reviewed the MDS assessment history assessment tool, which included all of the completed MDSs for the resident. The MDS assessment history did not reveal that a discharge MDS was completed when the resident was discharged from the facility on [REDACTED].</p> <p>2. On 12/16/2020, the surveyor reviewed the Admission Record of Resident #2 which revealed that Resident #2 was admitted to the facility with diagnoses of [REDACTED]. According to the Census section of the EMR, Resident #2 was discharged from the facility on [REDACTED].</p> <p>The surveyor reviewed the MDS assessment history assessment tool, which included all of the completed MDSs for the resident. The MDS assessment history did not reveal that a discharge MDS was completed when the resident was discharged from the facility on [REDACTED].</p> <p>3. On 12/16/2020, the surveyor reviewed the Admission Record of Resident #3 which revealed that Resident #3 was admitted to the facility with diagnoses of [REDACTED]. According to the Census section of the EMR, Resident #3 was discharged from the facility on [REDACTED].</p> <p>The surveyor reviewed the MDS assessment history assessment tool, which included all of the</p> | F 641 | <p>An audit was completed for the months of July through current for the need for a discharge assessment for those qualifying as a discharge. No other issues were found during audit</p> <p>3)Systemic changes and measures that will be made</p> <p>The MDS Coordinator will continue to audit residents discharged going forward biweekly for completion of discharge MDSs. Any resident identified will have an MDS completed.</p> <p>4)Quality Assurance</p> <p>The MDS Coordinator/or designee will audit residents' records as they discharge/or transfer out to the hospital for completion of discharge MDSs weekly x 4 weeks then monthly x 3 months. Results of these audits will be forwarded to the QAPI Committee Monthly for review and action as appropriate.</p> <p>Date of Compliance: 01/17/2021</p> |

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| F 641 | <p>Continued From page 2</p> <p>completed MDSs for the resident. The MDS assessment history revealed that there was no discharge MDS completed when the resident was discharged from the facility on [REDACTED].</p> <p>4. On 12/16/2020, the surveyor reviewed the Admission Record of Resident #4 which revealed that Resident #4 was admitted to the facility with diagnoses of [REDACTED]. According to the Census section of the EMR, Resident #4 was discharged from the facility on [REDACTED].</p> <p>The surveyor reviewed the MDS assessment history assessment tool, which included all of the completed MDSs for the resident. The MDS assessment history revealed that there was no discharge MDS completed when the resident was discharged from the facility on [REDACTED].</p> <p>5. On 12/16/2020, the surveyor reviewed the Admission Record of Resident #5 which revealed that Resident #5 was admitted to the facility with diagnoses of [REDACTED]. According to the Census section of the Electronic Medical Record (EMR), Resident #5 was discharged from the facility on [REDACTED].</p> <p>The surveyor reviewed the MDS assessment history assessment tool, which included all of the completed MDSs for the resident. The MDS assessment history revealed that there was no discharge MDS completed when the resident was discharged from the facility on [REDACTED].</p> <p>During an interview with the surveyor on 12/16/2020 at 11:02 AM, the MDS Coordinator stated that she had worked for the facility since</p> | F 641 | | |

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| F 641 | Continued From page 3 September 2020. In the presence of the surveyor, she confirmed that each resident was missing a discharge assessment and immediately initiated a discharge assessment in the EMAR for Residents #1, #2, #3, #4 and #5. The MDS Coordinator stated that the discharge assessments should have been completed for each resident. The MDS Coordinator stated that she runs a daily Admission/Discharge To From Report which was reviewed daily in the clinical meeting. At the clinical meeting, the discharges/admissions were verified. The MDS Coordinator stated that once the admission/discharges were verified, she would add these assessments to her MDS schedule to be completed. During an interview with the surveyor on 12/18/2020 at 10:45 AM, the Corporate Nurse stated that she expected the MDS Coordinator to follow the Resident Assessment Instrument process (instructions to complete MDS). According to the Long-Term Care Facility Resident Assessment Instrument 3.0 User's Manual Version 1.17.1 dated October 2019, the discharge assessment (return anticipated or return not anticipated) must be completed "No Later Than" the "Discharge Date + 14 calendar days." | F 641 | | | |
| F 693 SS=D | N.J.A.C. 8:39-11.1 Tube Feeding Mgmt/Restore Eating Skills CFR(s): 483.25(g)(4)(5) §483.25(g)(4)-(5) Enteral Nutrition (Includes naso-gastric and gastrostomy tubes, both percutaneous endoscopic gastrostomy and percutaneous endoscopic jejunostomy, and enteral fluids). Based on a resident's | F 693 | | 1/17/21 | |

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| F 693 | <p>Continued From page 4</p> <p>comprehensive assessment, the facility must ensure that a resident-</p> <p>§483.25(g)(4) A resident who has been able to eat enough alone or with assistance is not fed by enteral methods unless the resident's clinical condition demonstrates that enteral feeding was clinically indicated and consented to by the resident; and</p> <p>§483.25(g)(5) A resident who is fed by enteral means receives the appropriate treatment and services to restore, if possible, oral eating skills and to prevent complications of enteral feeding including but not limited to aspiration pneumonia, diarrhea, vomiting, dehydration, metabolic abnormalities, and nasal-pharyngeal ulcers. This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview, record review, and review of pertinent facility documentation, it was identified that the facility failed to a.) ensure the proper positioning of a resident while the resident was receiving [REDACTED] a [REDACTED] and b.) ensure the accurate administration of the [REDACTED] in accordance with the Physician's Order (PO).</p> <p>This deficient practice was identified for 1 of 1 resident (Resident #60) reviewed for [REDACTED] and was evidenced by the following:</p> <p>On 12/15/2020 at 11:18 AM, the surveyor observed Resident #60 in bed. The resident's [REDACTED] was infusing at [REDACTED]</p> <p>On 12/17/2020 at 12:10 PM, the surveyor observed Resident #60 lying flat in bed in his/her</p> | F 693 | <p>1) Corrective action</p> <p>Resident #60's head of bed was elevated and [REDACTED] orders clarified to [REDACTED]</p> <p>2) Identification of other residents who have the potential to be affected :</p> <p>The Director of Nursing audited all current residents with [REDACTED] to evaluate. no other issues were found during audit</p> <p>3) systemic change</p> <p>The Director of Nursing/or designee will inservice nursing staff regarding stopping [REDACTED] while the resident's head of bed is lowered for care. The Director of Nursing/or designee will inservice licensed nurses regarding [REDACTED] orders and</p> | |

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| F 693 | <p>Continued From page 5</p> <p>room. The surveyor further observed that the resident's [REDACTED] was [REDACTED] at [REDACTED] of [REDACTED] and a [REDACTED] of [REDACTED] had been administered to the resident. The surveyor observed that the resident was in no distress at the time of the observation. The surveyor then exited the resident's room to find a staff member.</p> <p>On 12/17/2020 at 12:14 PM, the surveyor entered the resident's room with another surveyor and the Licensed Practical Nurse/Unit Manager (LPN/UM). Both surveyors along with the LPN/UM observed that the resident was lying flat in bed with the [REDACTED] flowing. The LPN/UM stated that the resident was in a supine position (lying flat horizontally with the face and torso facing up) and confirmed that the resident should not be lying flat while the resident was receiving the [REDACTED]. The LPN/UM elevated the head of the resident's bed to a 45-degree angle. The LPN/UM stated that when a [REDACTED] was flowing the head of the resident's bed needed to be elevated to reduce the risk of potential [REDACTED].</p> <p>[REDACTED] The surveyors attempted to interview the resident and the resident smiled at the surveyors. The LPN/UM stated that she would evaluate the resident for signs and symptoms of [REDACTED].</p> <p>On 12/17/2020 at 12:34 PM, the surveyor entered the resident's room and observed that the [REDACTED] had been taken down and the resident's Certified Nursing Aide (CNA) was performing care to the resident. The resident was observed turned to his/her left side, holding onto the side rails of the bed as the CNA was performing care. The head of the resident's bed was slightly</p> | F 693 | <p>how to document orders for dietitian recommended trials.</p> <p>The Director of Nursing/or designee will conduct weekly unannounced, care observations for residents with [REDACTED] [REDACTED] to evaluate staff compliance with stopping [REDACTED] for care .</p> <p>4) Quality Assurance</p> <p>The Director of Nursing/or designee will audit [REDACTED] order changes to evaluate accurate transcription of orders weekly for four weeks then monthly for three months. The Director of Nursing/or designee will conduct weekly unannounced, care observations for residents with [REDACTED] to evaluate staff compliance with stopping [REDACTED] [REDACTED] for care weekly for four weeks then monthly for three months. Results of these audits will be forwarded to the center QAPI Committee monthly for review and action as appropriate.</p> <p>Date of compliance 1/17/2021</p> | |

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| F 693 | <p>Continued From page 6</p> <p>elevated, and the resident did not appear to be in distress.</p> <p>On 12/17/2020 at 12:41 PM, the surveyor conducted a follow-up interview with the LPN/UM who stated that the resident's Licensed Practical Nurse (LPN #1) had left for the day approximately 45 minutes to an hour ago and she was currently the nurse responsible for the resident's care. The LPN/UM stated that she knew the LPN #1 had administered the resident her medications and provided care to the resident earlier that day. The LPN/UM stated that she made rounds on the unit immediately after the nurse had left for her shift and had observed that the head of the resident's bed was elevated.</p> <p>On 12/17/2020 at 1:12 PM, the surveyor interviewed the resident's CNA who stated that the resident was alert and oriented to person and place. The CNA stated that the resident was mostly [REDACTED] but could communicate by indicating [REDACTED]. The CNA stated that she was very comfortable with the resident because the resident was her neighbor before he/she resided at the facility. The CNA further stated that she provided care to the resident at approximately 12:30 PM and when she entered the resident's room, the [REDACTED] had been taken down. The CNA stated that when a [REDACTED] was running, the head of the resident's bed should be elevated.</p> <p>On 12/18/2020 at 10:34 AM, the surveyor interviewed LPN #1 who cared for Resident #60 the day prior. LPN #1 stated that she had provided care and administered medications to the resident at approximately 9:30 AM and left the facility at 12:00 PM, LPN #1 stated that when she observed the resident throughout her shift, the head of the resident's bed was elevated, and the</p> | F 693 | | | |

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| F 693 | <p>Continued From page 7</p> <p>bed was in the low position. She further stated that she made rounds and checked on the resident before she left the facility and at approximately 11:45 AM, she observed that the head of the resident's bed was elevated when the resident was receiving the [REDACTED]. LPN #1 stated that the resident's [REDACTED] currently sounded no different from his/her baseline. LPN #1 further stated that the head of the bed needed to be elevated when the resident was receiving a [REDACTED] to reduce the risk for potential [REDACTED].</p> <p>The surveyor reviewed the medical record for Resident #60.</p> <p>Review of the resident's Admission Record (an Admission Summary) reflected that the resident was a long term care resident and was recently re-admitted to the facility with diagnoses which included but were not limited to [REDACTED].</p> <p>Review of the resident's most recent quarterly Minimum Data Set (MDS), an assessment tool used to facilitate the management of care, dated [REDACTED] reflected that the resident had [REDACTED] skills for daily decision making. A further review of the resident's MDS, [REDACTED] status indicated that the resident had a [REDACTED] and received [REDACTED] or more of his/her calories through a [REDACTED] through a [REDACTED].</p> | F 693 | | |

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| F 693 | <p>Continued From page 8</p> <p>Review of the resident's [REDACTED] Order Summary Report (OSR) reflected a PO dated [REDACTED] diet. A review of the [REDACTED] OSR reflected a PO dated [REDACTED] for head of bed no lower than [REDACTED].</p> <p>A further review of the [REDACTED] OSR reflected two different PO's for the [REDACTED]. An active PO, dated [REDACTED] to start at 9:00 AM until completion [REDACTED]. An additional active PO, dated [REDACTED] by 4:00 PM until [REDACTED].</p> <p>Review of the [REDACTED] Medication Administration Record (MAR) reflected that the nurses were signing from [REDACTED] through [REDACTED] that [REDACTED] was hung and administered to the resident at 1600 (4:00 PM) until completion of [REDACTED]. A further review of the [REDACTED] MAR indicated that the nurses were signing from [REDACTED] through [REDACTED] that [REDACTED] at a rate of [REDACTED] and administered to the resident at 1600 (4:00 PM) until completion of [REDACTED].</p> <p>On 12/22/2020 at 7:50 AM, the surveyor observed Resident #60 positioned upright in bed. The [REDACTED] was observed [REDACTED] of [REDACTED].</p> <p>On 12/22/2020 at 8:40 AM, the surveyor observed Resident #60's [REDACTED] at a [REDACTED] [REDACTED] in the presence of LPN #2.</p> <p>On 12/22/2020 at 8:42 AM, the surveyor reviewed</p> | F 693 | | |

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| F 693 | <p>Continued From page 9</p> <p>the [REDACTED] MAR in the presence of LPN #2 who acknowledged that the nurses were signing for the two different PO's for the [REDACTED]. LPN #2 stated that the Registered Dietician (RD) made the change and she was unsure what PO should be followed.</p> <p>On 12/22/2020 at 9:26 AM, the surveyor interviewed the resident's RD who stated that the resident was [REDACTED] and received 100 percent of his/her daily nutrition [REDACTED]. The RD stated that he recommended to change the rate of the [REDACTED] on [REDACTED] and the resident was currently tolerating the [REDACTED] at that [REDACTED]. The RD further stated that he told the nurses that if the resident wasn't tolerating the [REDACTED], to notify the physician and reduce the [REDACTED] back down to [REDACTED]. The RD stated that it might have been his fault that the nurses made the mistake because he wanted to trial the [REDACTED]. The RD further stated that the whole point in increasing the [REDACTED] was to shorten the amount of time the resident was receiving the [REDACTED].</p> <p>On 12/23/2020 at 9:43 AM, the surveyor interviewed the Director of Nursing (DON) who stated that when the surveyor observed the resident lying flat in bed, the CNA was in the process of performing care and had left the room briefly to gather supplies. The DON stated that the CNA should have had the nurse stop the flow of the [REDACTED] before she lowered the head of the resident's bed to provide care. The DON further stated that the resident should have been receiving the [REDACTED] and not at the [REDACTED]. The DON acknowledged that the nurses were signing that the resident was receiving both PO's for the [REDACTED] and the resident should have received the [REDACTED].</p> | F 693 | | |

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| F 693 | <p>Continued From page 10</p> <p>█████ rate since ██████</p> <p>A review of the Resident #60's Care Plan (CP), dated ██████, reflected a focus area that the resident was ██████ related to ██████. The goal of the resident's CP was the resident would have no significant weight changes. Interventions for the residents CP included ██████ as ordered, monitor for signs and symptoms of ██████ per physician orders.</p> <p>A further review of the Resident #60's CP, dated ██████, reflected an additional focus area that the resident had a ██████ as his/her primary means of ██████. The goal of the resident's CP was that ██████ or ██████ would occur through the next review date. The interventions of the resident's CP included to position the head of the resident's bed in the semi-fowlers position (when a person is positioned on their back with the head and trunk between 15 and 45 degrees to reduce the risk for potential ██████ as ordered by the physician.</p> <p>A review of the facility's ██████ Nutritional Therapy (██████) Policy and Procedure, revised 08/03/2020, indicated to place the resident in the semi-fowler's position, unless contraindicated. A further review of the facility's ██████ Nutritional Therapy (██████) Policy and Procedure indicated to follow the physician's order when administering the ██████</p> <p>NJAC 8:39-27.1(a)</p> | F 693 | | | |