STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING ____ B. WING ____	(X3) DATE SURVEY COMPLETED
	315219		C 01/04/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT VOORHEES, LLC	3001 EVESHAM ROAD VOORHEES, NJ 08043

(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	F 000		
	COMPLAINT#: NJ149857, NJ150630, NJ150715 CENSUS: 106 SAMPLE SIZE: 5 THE FACILITY IS NOT IN SUBSTANTIAL COMPLIANCE WITH THE REQUIREMENTS OF 42 CFR PART 483, SUBPART B, FOR LONG TERM CARE FACILITIES BASED ON THIS COMPLAINT VISIT.			
F 658 SS=D	Services Provided Meet Professional Standards CFR(s): 483.21(b)(3)(i) §483.21(b)(3) Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (i) Meet professional standards of quality. This REQUIREMENT is not met as evidenced by: C#: NJ149857, NJ150630, NJ150715 Based on interviews and review of other pertinent facility documents on 1/4/2022, it was determined that the facility failed to administer treatments according to the Physician's Orders and in accordance with the New Jersey Board of Nursing Statutesits, as well as failed to follow its policies titled "Administering Medications" and "Charting and Documentation" for 1 of 5 sampled residents (Resident [redacted]). The deficient practice was evidenced by the following: Reference: New Jersey Statutes, Annotated Title 45 Chapter 11, Nursing Board. The Nurse	F 658	Resident [redacted] is no longer in the facility. Review of Resident's medical records reflected [redacted] healing and improvement prior to resident's discharge from the facility on [redacted]. All residents with MD Orders for [redacted] treatment(s) are at risk for the same deficient practice. Unit Managers and Nursing Supervisors reviewed the Treatment Administration Records (TARs) of current residents with [redacted] to ensure that no other residents were affected by the same deficient practice. All nurses were in-serviced and educated on the facility's policy re: "Administration	1/24/22

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Electronically Signed		01/22/2022

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 658	Continued From page 1 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." 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." Review of the Electronic Medical Records (EMR) were as follows: According to the "Admission Record (AR)," Resident [redacted] was admitted on [redacted], with Diagnoses which included but were not limited to: [redacted] According to the Minimum Data Set (MDS), an assessment tool dated [redacted], Resident [redacted] had	F 658	of Medications and treatments" and on "Charting and Documentation." Emphasis was made on proper administration of treatments in accordance with Physician's Orders and prompt documentation of Treatment Administration of the TAR (Treatment Administration Record). Unit Managers or designee will review the Treatment Administration Records (TARs) on each unit weekly x4 weeks, monthly thereafter x3 months, to ensure that treatments are completed and documented in accordance with physician's orders. Findings will be reported to the Director of Nursing and Administrator monthly and will be presented at the quarterly QAPI Meeting. The QAPI Committee will determine the need for further audits and/or action plans.	

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F 658	Continued From page 2 a BIMS score of [redacted], indicating Resident [redacted] was [redacted]. Further review of the MDS revealed the resident needed assistance with Activities of Daily Living (ADLs) and was at risk for pressure ulcers. A review of the "Order Summary Report (OSR)" dated [redacted] through [redacted] revealed Resident [redacted] had the following Physician's Orders: Cleanse [redacted]), apply [redacted], and cover with [redacted] daily, everyday shift for [redacted] healing, dated [redacted]. Cleanse [redacted], apply [redacted] to [redacted] and then cover with [redacted] and cover with [redacted] daily, every dayshift for [redacted], dated [redacted] Cleanse [redacted] with [redacted] apply [redacted] and cover with [redacted] daily everyday shift for [redacted], dated [redacted]. A review of the Treatment Administration Record (TAR) dated [redacted] through [redacted] revealed the aforementioned Physician's Orders showed missing initials indicating the treatments were not administered as follows: Cleanse [redacted] with [redacted]), apply [redacted], and cover with [redacted] daily, everyday shift for [redacted] healing, on 9/6/2021 and 9/9/2021. Cleanse [redacted], apply [redacted] and cover with [redacted] daily everyday shift for [redacted] on the following dates, on 9/6/2021 and 9/9/2021.	F 658		

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F 658	Continued From page 3 Cleanse [redacted] with [redacted] apply [redacted] and then [redacted] and cover with [redacted] daily, everyday shift for [redacted], on 9/9/2021, 9/12/2021, 9/16/2021, 9/20/2021, 9/21/2021, and 9/22/2021. A review of Resident [redacted]'s electronic Progress Notes (PNs) dated [redacted] revealed no documentation that the treatments mentioned above were complete. During an interview on 1/4/2022 at 12:10 p.m., the Licensed Practice Nurse (LPN) stated Resident [redacted] told her that the resident's [redacted] treatments were missed. However, the LPN could not recall the date or the involved nurse. During an interview on 1/4/2022 at 3:22 p.m., the Administrator stated four nurses were involved with the missing initials. The Administrator explained that three of them were from agencies and had not worked at the facility since [redacted]. The other nurse was a regular staff nurse, but she was unavailable for an interview. The Administrator provided the phone numbers of the nurses involved during the survey. The surveyor attempted to contact all of the nurses and left messages, but there were no return phone calls. During an interview on 1/4/2022 at 3:54 p.m., in the Administrator's presence, the Director of Nursing (DON) stated the blank spaces meant the treatment was not documented, so it was not done. During the same interview, when the surveyor asked the Administrator, what is the process when treatments were ordered but not given, she replied there should be documentation	F 658		

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F 658	Continued From page 4 in the PNs, and that the physician would be notified. A review of an updated 10/2019 facility's policy titled "Administering Medications" revealed the following: Under "Policy Statement" included: "Medications shall be administered in a safe and timely manner, and as prescribed." Under "Policy Interpretation and Implementation," included: "...21. Topical medications used in treatments must be recorded on the resident's treatment record (TAR)." A review of an updated 10/2019 facility policy titled "Charting and Documentation" revealed the following: Under "Policy Interpretation and Implementation," included: "...2. The following information is to be documented in the resident medical record: ...c. Treatments or services performed ...7. Documentation of procedures and treatments will include care-specific details, including a. The date and time the procedure/treatment was provided; b. The name and title of the individual(s) who provided the care; c. The assessment data and/ or any unusual findings obtained during the procedure/treatment; d. How the resident tolerated the procedure/treatment; e. Whether the resident refused the procedure/treatment; f. Notification of family, physician or other staff, if indicated, and g. The signature and title of the individual documenting." N.J.A.C. 8.39-27.1 (a)	F 658		