


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| F 000 | INITIAL COMMENTS Complaint NJ #144826 Census:153 Sample Size: 4 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 000 | | | |
| F 658 SS=E | 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: Complaint#: NJ144826 Based on interviews, medical record review, and review of other pertinent facility documents on 6/22/2021, it was determined that the facility failed to follow Physician's Orders and Care Plan interventions for medications and treatments administration, as well as failed to follow the facility's policies titled "Medication Pass" and "Subacute Care Plans, Comprehensive Person-Centered," for 3 of 4 residents (Resident #1, Resident #2 and Resident #3). This deficient practice was evidenced by the following: | F 658 | 1) For residents #1, #2, and #3 and all residents. All licensed staff will practice appropriate documentation for medication and treatment administration records. Nurses will also follow physician orders and care plan interventions. Resident #2 has been discharged from the facility on  2) All residents in the facility have the potential to be affected by this deficient practice. 3) A) All nurses were re-inserviced on comprehensive person centered care | 7/9/21 | |

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

TITLE

(X6) DATE

Electronically Signed

07/12/2021

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 658 | <p>Continued From page 1</p> <p>Review of the Electronic Medical Records (EMRs) were as follows:</p> <p>1. According to the Medical Record (MR), Resident #1 was admitted to the facility on [REDACTED], with diagnoses which included but were not limited to: [REDACTED] NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1. [REDACTED] NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1. [REDACTED].</p> <p>According to the Minimal Data Set (MDS), an assessment tool dated [REDACTED], Resident #1 had a Brief Interview for Mental Status (BIMS) score of [REDACTED], indicating the resident was [REDACTED]. The MDS also showed that Resident #1 needed assistance with Activities of Daily Living (ADLs).</p> <p>Review of Resident #1's Care Plan (CP) revealed the following: Under "Focus": S/P (Status Post) [REDACTED] NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1. [REDACTED] Under [REDACTED] "Interventions": Render treatment as ordered and prn (as needed) if it becomes soiled or loose... Under "Focus": Resident is at nutritional risk R/T (related to) need for therapeutic diet-lactose intolerance. Increased BMI (Body Mass Index) increased the need for [REDACTED] NJAC 8:43E-2.1 and Exec Order [REDACTED] ... Under "Interventions": [REDACTED] NJAC 8:43E-2.1 and Exec Order [REDACTED]</p> <p>Review of Resident #1's Physician's Orders (PO's) dated 5/1/2021 through 6/30/2021 were as follows:</p> | F 658 | <p>plans, med pass, and medication charting policies that includes documentation of medications and treatment on the medication and treatment administration records.</p> <p>B) Unit managers and supervisors will spot check near the end of each shift for completion of medication and treatment administration records and notify staff of any omissions for completion.</p> <p>C) Re-education and progressive disciplinary action will be taken by staff for not following physician orders including medications, treatments, and resident care plans.</p> <p>D) Pharmacy consultant will monitor omissions on medication and treatment administrations on a monthly basis.</p> <p>4) DON/ADON implemented a QAPI regarding the deficient practice. The checks done by the unit managers and supervisors will ensure compliance. Deficiencies will be corrected immediately. The findings will be documented and submitted along with the monthly pharmacy consultant reports to the QA committee for further review on a quarterly basis. The committee will continue to monitor for the next 4 quarters.</p> | | |

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| F 658 | <p>Continued From page 2</p> <p>NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1. [REDACTED] 021.</p> <p>NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1. [REDACTED]</p> <p>NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1. NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1. [REDACTED], prepare each dose immediately prior to administration measure 1/3 cup of water pour 1/2 cup of water into glass and then [REDACTED] and stir, add remaining 1/2 of water drink immediately, dated [REDACTED]</p> <p>Cleanse [REDACTED] with [REDACTED] ([REDACTED] apply apply [REDACTED] every day shift, dated [REDACTED]</p> <p>PT (Patient) may sit for more than 2 hours in wheelchair with [REDACTED] cushion [REDACTED] side to side sitting every day and evening shift, dated [REDACTED].</p> <p>To lower [REDACTED] cleanse [REDACTED] every day shift, dated [REDACTED].</p> <p>[REDACTED] apply [REDACTED] until it falls off then [REDACTED] every day and evening shift, dated [REDACTED].</p> <p>[REDACTED] apply [REDACTED] every day and evening shift, dated [REDACTED].</p> | F 658 | | |

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| F 658 | <p>Continued From page 3</p> <p>Review of Resident #1's Medication Administration Record (MAR) dated 5/1/2021 through 5/31/2021 and 6/1/2021 through 6/30/2021 revealed no documentation of initials indicating the above PO's for medications were administered as follows:</p> <p>NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1. [REDACTED] on 5/4/2021, 5/8/2021, 5/11/2021 5/13/2021, 5/14/2021, and 6/17/2021 at 2:00 p.m.</p> <p>NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1. [REDACTED] n 5/4/2021, 5/8/2021, 5/11/2021, 5/13/2021, 5/14/2021, 6/17/2021 at 2:00 p.m., 5/7/2021 and 6/5/2021 at 10:00 p.m.</p> <p>NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1. [REDACTED] prepare each dose immediately prior to administration measure 1/3 cup of water pour 1/2 cup of water into glass and then [REDACTED] and stir add remaining 1/2 of water drink immediately on [REDACTED] at 5:00 p.m.</p> <p>Review of Resident #1's Treatment Administration Record (TAR) dated 6/1/2021 through 6/30/2021 revealed no documentation of initials indicating the above PO's for treatments were administered as follows:</p> <p>Cleanse [REDACTED] everyday shift on 6/10/2021 and 6/15/2021 during the day shift.</p> <p>PT may sit for more than 2 hours in wheelchair</p> | F 658 | | |

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| F 658 | <p>Continued From page 4</p> <p>NJAC 8:43E-2.1 and Exec Order 26, 4, b. 1. cushion NJAC 8:43E-2.1 and Exec Order 26, 4, b. 1. side to side sitting every day and evening shift on NJAC 8:43E-2.1 and Exec Order 26, 4, b. 1. during the day shift.</p> <p>To lower NJAC 8:43E-2.1 and Exec Order 26, 4, b. 1. apply NJAC 8:43E-2.1 and Exec Order 26, 4, b. 1. everyday shift on 6/10/2021 and 6/15/2021 during day shift.</p> <p>NJAC 8:43E-2.1 and Exec Order 26, 4, b. 1. apply NJAC 8:43E-2.1 and Exec Order 26, 4, b. 1. (Do not Cover) until it falls off then NJAC 8:43E-2.1 and Exec Order 26, 4, b. 1. and evening shift on 6/10/2021 and 6/15/2021 during the day shift.</p> <p>NJAC 8:43E-2.1 and Exec Order 26, 4, b. 1., apply NJAC 8:43E-2.1 and Exec Order 26, 4, b. 1. only no dressing every day and evening shift on 6/10/2021 and 6/15/2021 during the day shift.</p> <p>A review of Resident #1's Progress Notes (PNs) dated 3/20/2021 through 6/18/2021 showed no documentation that Resident #1's medications or treatments for the above physician's orders were completed or the resident's care plan interventions were followed for the blanks on the above dated MARs or TARs.</p> <p>2. According to the MR, Resident #2 was admitted to the facility on NJAC 8:43E-2.1 and Exec Order 26, 4, b. 1. with diagnoses which included but were not limited to NJAC 8:43E-2.1 and Exec Order 26, 4, b. 1.</p> <p>According to the MDS dated NJAC 8:43E-2.1 and Exec Order 26, 4, b. 1., Resident #2 had a BIMs score of NJAC 8:43E-2.1 and Exec Order 26, 4, b. 1., indicating the resident was NJAC 8:43E-2.1 and Exec Order 26, 4, b. 1. The MDS also showed Resident #2 needed minimal assistance with ADLs.</p> | F 658 | | | |

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| F 658 | <p>Continued From page 5</p> <p>A review of Resident #2's CP revealed the following:</p> <p>Under "Focus": Resident has an actual NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1. (NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1.) NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1.) dated 4/19/2021. Under "Interventions": Resident has an NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1.) from NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1.) that has been NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1.). The CP also showed the resident also has a NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1.) that is emptied Q (every) shift and reset. Document amount as indicated in the order. Under "Focus": Resident has NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1.) dated 4/19/2021. Under "Interventions": NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1.) as ordered, continuous at NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1.)</p> <p>Review of Resident #2's PO's dated 4/1/2021 through 5/31/2021 were as follows:</p> <p>Change dressing to NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1.) daily and prn. Monitor for s/s (signs and symptoms) infection and notify NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1.) right away if noted every day shift, dated NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1.).</p> <p>Change dressing to NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1.) daily and prn. Gently and NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1.) portion of the incision with NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1.) and cover with dry dressing and as little amount of tape as possible to adhere. Monitor for s/s infection and notify MD right away if noted every day shift, dated 4/21/2021.</p> <p>NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1.) NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1.)</p> | F 658 | | |

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| F 658 | <p>Continued From page 6</p> <p>Review of Resident #2's TAR dated 4/1/2021 through 4/30/2021 revealed no documentation of initials indicating the above PO's for treatments were administered as follows:</p> <p>Change dressing to [redacted] NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1. Monitor for s/s infection and notify MD right away if noted everyday shift on 4/16/2021, 4/19/2021, and 4/21/2021 day shift.</p> <p>Change dressing to [redacted] daily and prn. Gently and loosely pack [redacted] of [redacted] NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1. as little amount of tape as possible to adhere. Monitor for s/s infection and notify MD right away if noted everyday shift on 4/27/2021 day shift.</p> <p>[redacted] NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1. on 4/16/2021, 4/19/2021, 4/21/2021, and 4/22/2021, day shift.</p> <p>A review of Resident #2's PNs dated 4/16/2021 through 5/11/2021 showed no documentation that Resident #2's treatments for the above PO's were completed or the resident's CP interventions were followed for the blanks on the above dated TARs</p> <p>3. According to the MR, Resident #3 was admitted to the facility on [redacted] NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1., with diagnoses which included but were not limited to [redacted] NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1.</p> <p>According to the MDS, dated [redacted] NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1., Resident #3 had a BIMS score of [redacted] indicating the resident was [redacted] NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1. The</p> | F 658 | | |

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| F 658 | <p>Continued From page 7</p> <p>MDS also showed that Resident #3 needed minimal assistance with ADLs.</p> <p>A review of Resident #3's CP revealed the following:</p> <p>Under "Focus": Resident has, present on admission, NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1. and NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1., dated NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1. Under "Interventions": NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1.) mix after each episode incont. (incontinence). Under "Focus": Resident is on NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1. Under "Interventions": Give medications as ordered by physician... NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1. (Medical Doctor).</p> <p>Review of Resident #3's PO's dated 4/1/2021 through 5/31/2021 were as follows:</p> <p>Cleanse NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1. Apply NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1. to every shift, dated 5/15/2021.</p> <p>NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1. Notify MD is SP02 (NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1. every shift for monitoring, dated 5/15/2021.</p> <p>NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1.) Apply to NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1. every day and evening shift for NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1. dated NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1.</p> | F 658 | | |

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| F 658 | <p>Continued From page 8</p> <p>NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1. . Apply to [redacted] q shift every shift [redacted], dated [redacted].</p> <p>NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1. . Apply to [redacted] q shift every shift for [redacted], dated [redacted].</p> <p>A review of Resident #3's Treatment Administration Record dated 5/1/2021- 5/31/2021 revealed no documentation of initials indicating the above PO's for treatments were not administered as follows:</p> <p>Cleanse [redacted] and cover with gauze, then border gauze QS and prn for soiled or dislodgement every shift on 5/27/2021 evening and night shift.</p> <p>NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1. . Notify MD [redacted] every shift for monitoring on 5/22/2021, 5/27/2021 evening shift, and 5/26/2021 night shift.</p> <p>NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1.) Apply NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1. every day and evening shift for dry skin on 5/22/2021 and 5/27/2021 at evening.</p> <p>[redacted] mixture. Apply to [redacted] shift every shift for [redacted] on 5/22/2021 evening shift and 5/26/2021 day shift.</p> <p>NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1. . Apply to [redacted] q shift every shift for [redacted] on 5/17/2021 evening shift.</p> <p>A review of Resident #3's PNs dated 5/15/2021</p> | F 658 | | |

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| NAME OF PROVIDER OR SUPPLIER ABIGAIL HOUSE FOR NURSING & REHABILITATION | | | STREET ADDRESS, CITY, STATE, ZIP CODE 1105 -1115 LINDEN STREET CAMDEN, NJ 08102 | | |
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| F 658 | <p>Continued From page 9</p> <p>through 6/22/2021 showed no documentation that Resident #3's treatments for the above PO's were completed or the resident's CP interventions were followed for the blanks on the above dated TARs.</p> <p>During an interview on 6/22/2021 at 9:05 a.m., Resident #3 stated, [REDACTED] they may have missed a day or two." Resident #3 further stated, "I think they do my dressing more than they miss it."</p> <p>During an interview on 6/22/2021 at 10:28 a.m., the Licensed Practical Nurse (LPN)/Unit Manager (UM) stated, "blanks on the MARs and TARs mean it wasn't done." The UM also stated blanks on the MARs and TARs could also mean the nurse forgot to sign the medications and treatments out. The UM explained if the medications and treatments were not done, then the nurse wouldn't be following the physician's orders." The UM further stated if the medications are not documented on the MARs, and the treatments are not documented on the TARs, they may be written in the nurse's notes.</p> <p>Review of the facility's policy titled "Medication Pass" dated 7/2018, revealed the following: Under "Policy": All medications will be administered with physicians orders and in a safe manner. Under Administration of Medications: #7. Med (Medical) record is signed immediately after medication administration. Nurses must sign using both first and last initials.</p> <p>Review of the facility's policy titled "Subacute Care Plans, Comprehensive Person-Centered</p> | F 658 | | | |

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

PRINTED: 01/27/2023
FORM APPROVED
OMB NO. 0938-0391

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315267 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED C 06/22/2021 |
|---|--|---|---|----------------------|---|
| NAME OF PROVIDER OR SUPPLIER ABIGAIL HOUSE FOR NURSING & REHABILITATION | | | STREET ADDRESS, CITY, STATE, ZIP CODE 1105 -1115 LINDEN STREET CAMDEN, NJ 08102 | | |
| (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 658 | Continued From page 10 dated 7/2018, revealed the following: Under "Topic" A comprehensive, person-centered care plan that includes measurable objectives and timetables to meet the resident's physical, psychosocial, and functional needs is developed and implemented for each resident. Under "Policy": #1. The interdisciplinary Team (IDT), inconjunction with the resident and his/her family or legal representative, develops and implements a comprehensive, person-centered care plan for each resident. #2. The care plan interventions are derived from a thorough analysis of the information gathered as part of the comprehensive assessment. #8. The comprehensive, person-centered care plan will: b. Describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being. | F 658 | | | |

POST-CERTIFICATION REVISIT REPORT

| | | | | | |
|--|----|---|---|------------------------------|----|
| PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 315267 | Y1 | MULTIPLE CONSTRUCTION A. Building B. Wing | Y2 | DATE OF REVISIT 7/19/2021 | Y3 |
| NAME OF FACILITY ABIGAIL HOUSE FOR NURSING & REHABILITATION | | | STREET ADDRESS, CITY, STATE, ZIP CODE 1105 -1115 LINDEN STREET CAMDEN, NJ 08102 | | |

This report is completed by a qualified State surveyor for the Medicare, Medicaid and/or Clinical Laboratory Improvement Amendments program, to show those deficiencies previously reported on the CMS-2567, Statement of Deficiencies and Plan of Correction, that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the CMS-2567 (prefix codes shown to the left of each requirement on the survey report form).

| ITEM Y4 | DATE Y5 | ITEM Y4 | DATE Y5 | ITEM Y4 | DATE Y5 |
|------------------------|------------|-----------------|------------|-----------------|------------|
| ID Prefix F0658 | Correction | ID Prefix _____ | Correction | ID Prefix _____ | Correction |
| Reg. # 483.21(b)(3)(i) | Completed | Reg. # _____ | Completed | Reg. # _____ | Completed |
| LSC _____ | 07/09/2021 | LSC _____ | | LSC _____ | |
| ID Prefix _____ | Correction | ID Prefix _____ | Correction | ID Prefix _____ | Correction |
| Reg. # _____ | Completed | Reg. # _____ | Completed | Reg. # _____ | Completed |
| LSC _____ | | LSC _____ | | LSC _____ | |
| ID Prefix _____ | Correction | ID Prefix _____ | Correction | ID Prefix _____ | Correction |
| Reg. # _____ | Completed | Reg. # _____ | Completed | Reg. # _____ | Completed |
| LSC _____ | | LSC _____ | | LSC _____ | |
| ID Prefix _____ | Correction | ID Prefix _____ | Correction | ID Prefix _____ | Correction |
| Reg. # _____ | Completed | Reg. # _____ | Completed | Reg. # _____ | Completed |
| LSC _____ | | LSC _____ | | LSC _____ | |
| ID Prefix _____ | Correction | ID Prefix _____ | Correction | ID Prefix _____ | Correction |
| Reg. # _____ | Completed | Reg. # _____ | Completed | Reg. # _____ | Completed |
| LSC _____ | | LSC _____ | | LSC _____ | |

| | | | | |
|---|------------------------|------|-----------------------|------|
| REVIEWED BY STATE AGENCY <input type="checkbox"/> | REVIEWED BY (INITIALS) | DATE | SIGNATURE OF SURVEYOR | DATE |
| REVIEWED BY CMS RO <input type="checkbox"/> | REVIEWED BY (INITIALS) | DATE | TITLE | DATE |

FOLLOWUP TO SURVEY COMPLETED ON 6/22/2021

CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? YES NO