

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

PRINTED: 06/09/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315228	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 08/10/2021
NAME OF PROVIDER OR SUPPLIER COMPLETE CARE AT COURT HOUSE, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 144 MAGNOLIA DRIVE CAPE MAY COURT HOUSE, NJ 08210		
(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#: NJ146424 Census: 86 Sample Size: 3 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 656 SS=D	Develop/Implement Comprehensive Care Plan CFR(s): 483.21(b)(1) §483.21(b) Comprehensive Care Plans §483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following - (i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40; and (ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c)(6). (iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR	F 656		9/24/21	

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

TITLE

(X6) DATE

Electronically Signed

08/26/2021

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 656	<p>Continued From page 1</p> <p>recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident's medical record.</p> <p>(iv) In consultation with the resident and the resident's representative(s)-</p> <p>(A) The resident's goals for admission and desired outcomes.</p> <p>(B) The resident's preference and potential for future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose.</p> <p>(C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Complaint#: NJ146424</p> <p>Based on interviews, medical records review, and review of pertinent facility documents on 8/10/2021, it was determined that the facility failed to develop a comprehensive Care Plan (CP) for 2 of 3 residents (Resident #1 and Resident #3) with a [REDACTED]. The facility also failed to follow its own policy, titled "Care Plans Comprehensive Person Centered." This deficiency was evidenced by the following:</p> <p>Review of the Electronic Medical Record (EMR) were as follows:</p> <p>1. According to the "Admission Record (AR)," Resident #1 was admitted to the facility on [REDACTED], with diagnoses which included but were not limited to: [REDACTED]</p>	F 656	<p>1. Resident #1 and Resident #3 care plans were reviewed by the Director of Nursing, and immediately updated, with no negative outcomes related to the occurrence.</p> <p>2. The Administrator, Director of Nursing, and members of the interdisciplinary team conducted an audit to identify all residents who are diabetic within the facility. Twenty-eight residents were identified, with twenty-six care plans following the appropriate plan of care.</p> <p>3. All members of the interdisciplinary team will be reeducated and serviced by the Administrator, RNAC and/or her designee on care plan policy and procedures. RN Unit Managers and MDS</p>		

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F 656	<p>Continued From page 2</p> <p>[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] out of [REDACTED] indicating the resident was cognitively intact. The MDS also indicated the resident had a diagnosis of [REDACTED].</p> <p>A review of Resident #1's "Order Summary Report" (OSR) dated [REDACTED] indicated the following physician's orders:</p> <p>[REDACTED] UNIT/ML (Milliliter) ([REDACTED]), inject as per [REDACTED] if [REDACTED]. Call MD (Medical Doctor) if [REDACTED] is less than [REDACTED]; [REDACTED]. Call MD immediately for further instruction if [REDACTED] is greater than [REDACTED] two times a day for [REDACTED] coverage for [REDACTED] must take [REDACTED] prior to administration, dated [REDACTED].</p> <p>A review of Resident #1's CP initiated on [REDACTED], indicated no CP was developed for the resident's diagnosis of [REDACTED].</p> <p>2. According to the AR, Resident #3 was admitted to the facility on [REDACTED] with diagnoses which included but were not limited to: [REDACTED], and [REDACTED].</p> <p>According to the MDS [REDACTED], Resident #3 had a BIMS score of [REDACTED] out of [REDACTED] indicating the</p>	F 656	<p>RNAC will conduct a weekly audit on all new admissions to assure accuracy of care plans.</p> <p>4. The Administrator, Director of Nursing and/or her designee will conduct monthly audits for three months, to review all resident care plans within the facility. Results of these audits will be presented to the QAPI committee for at least three months, and the committee will confirm adherence to all compliance requirements.</p>		

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F 656	<p>Continued From page 3</p> <p>resident was [REDACTED], The MDS also indicated the resident had a diagnosis of [REDACTED].</p> <p>A review of Resident #3's OSR dated [REDACTED] indicated the following physician's orders:</p> <p>[REDACTED] Unit/MI ([REDACTED]) inject per [REDACTED]; [REDACTED]; [REDACTED] give [REDACTED] and call MD, [REDACTED] for [REDACTED] ([REDACTED]), dated [REDACTED].</p> <p>[REDACTED], inject [REDACTED] one time for [REDACTED] dated [REDACTED].</p> <p>A review of Resident #3's CP initiated on [REDACTED], indicated no CP was developed for the resident's diagnosis of [REDACTED].</p> <p>During an interview on 8/10/2021 at 12:00 PM, the MDS coordinator stated, "If a resident is a [REDACTED] and receiving [REDACTED], there should be a CP. I do not see a CP regarding [REDACTED] for (Resident #1 and Resident #3). Both residents do have a diagnosis for [REDACTED] and receive [REDACTED]. The MDS coordinator further stated, "the purpose of the care plan is to devise a plan of care, that the team can collectively meet their needs appropriately."</p> <p>During an interview on 8/10/2021 at 12:10 PM, the Director of Nursing (DON) stated, "the policy for CP's was not followed."</p> <p>A review of the facilities policy titled "Care Plans, Comprehensive Person-Centered" dated [REDACTED]</p>	F 656			

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F 656	Continued From page 4 10/2019, indicated the following: Under "Policy Statement": 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 Interpretation and Implementation" #1. The interdisciplinary team (IDT), in conjunction 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 thoroughly analysis of information gathered as part of the comprehensive assessment. #8. The comprehensive person-centered care plan will: a) include measurable objectives and timeframes; b) Describe the services that are to be furnished to attain or maintain the residence higher highest practical physical, mental, and psychosocial well-being. e) include their resident stated goals upon a mission and desired outcomes. g) Incorporate identified problem areas. h) Incorporate risk factors associated with identified problems. 12. The comprehensive person, person-centered care plan is developed within seven (7) days of completion of the required comprehensive MDS assessment. N.J.A.C 8:39-27.1(d)	F 656			