

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

PRINTED: 02/27/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315061	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 01/31/2020
NAME OF PROVIDER OR SUPPLIER SOUTH JERSEY EXTENDED CARE			STREET ADDRESS, CITY, STATE, ZIP CODE 99 MANHEIM AVENUE BRIDGETON, NJ 08302		
(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 STANDARD SURVEY 01/31/2020 CENSUS: 113 SAMPLE SIZE: 23	F 000			
F 623 SS=C	Notice Requirements Before Transfer/Discharge CFR(s): 483.15(c)(3)-(6)(8) §483.15(c)(3) Notice before transfer. Before a facility transfers or discharges a resident, the facility must- (i) Notify the resident and the resident's representative(s) of the transfer or discharge and the reasons for the move in writing and in a language and manner they understand. The facility must send a copy of the notice to a representative of the Office of the State Long-Term Care Ombudsman. (ii) Record the reasons for the transfer or discharge in the resident's medical record in accordance with paragraph (c)(2) of this section; and (iii) Include in the notice the items described in paragraph (c)(5) of this section. §483.15(c)(4) Timing of the notice. (i) Except as specified in paragraphs (c)(4)(ii) and (c)(8) of this section, the notice of transfer or discharge required under this section must be made by the facility at least 30 days before the resident is transferred or discharged. (ii) Notice must be made as soon as practicable before transfer or discharge when- (A) The safety of individuals in the facility would be endangered under paragraph (c)(1)(i)(C) of this section; (B) The health of individuals in the facility would	F 623		3/2/20	

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

TITLE

(X6) DATE

Electronically Signed

02/18/2020

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 623	Continued From page 1 be endangered, under paragraph (c)(1)(i)(D) of this section; (C) The resident's health improves sufficiently to allow a more immediate transfer or discharge, under paragraph (c)(1)(i)(B) of this section; (D) An immediate transfer or discharge is required by the resident's urgent medical needs, under paragraph (c)(1)(i)(A) of this section; or (E) A resident has not resided in the facility for 30 days. §483.15(c)(5) Contents of the notice. The written notice specified in paragraph (c)(3) of this section must include the following: (i) The reason for transfer or discharge; (ii) The effective date of transfer or discharge; (iii) The location to which the resident is transferred or discharged; (iv) A statement of the resident's appeal rights, including the name, address (mailing and email), and telephone number of the entity which receives such requests; and information on how to obtain an appeal form and assistance in completing the form and submitting the appeal hearing request; (v) The name, address (mailing and email) and telephone number of the Office of the State Long-Term Care Ombudsman; (vi) For nursing facility residents with intellectual and developmental disabilities or related disabilities, the mailing and email address and telephone number of the agency responsible for the protection and advocacy of individuals with developmental disabilities established under Part C of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (Pub. L. 106-402, codified at 42 U.S.C. 15001 et seq.); and (vii) For nursing facility residents with a mental	F 623			

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F 623	<p>Continued From page 2</p> <p>disorder or related disabilities, the mailing and email address and telephone number of the agency responsible for the protection and advocacy of individuals with a mental disorder established under the Protection and Advocacy for Mentally Ill Individuals Act.</p> <p>§483.15(c)(6) Changes to the notice. If the information in the notice changes prior to effecting the transfer or discharge, the facility must update the recipients of the notice as soon as practicable once the updated information becomes available.</p> <p>§483.15(c)(8) Notice in advance of facility closure In the case of facility closure, the individual who is the administrator of the facility must provide written notification prior to the impending closure to the State Survey Agency, the Office of the State Long-Term Care Ombudsman, residents of the facility, and the resident representatives, as well as the plan for the transfer and adequate relocation of the residents, as required at § 483.70(l). This REQUIREMENT is not met as evidenced by: Based on interview and record review, it was determined that the facility failed to provide written notification to the resident's representative and the representative of the Office of the State of Long-Term Care Ombudsman concerning a resident's transfer to the hospital. This deficient practice was noted for 1 of 1 residents (Resident #6) reviewed for hospitalization and was evidenced by the following:</p> <p>The surveyor reviewed Resident #6's [REDACTED] discharge Minimum Data Set, an assessment</p>	F 623	<p>F-623</p> <p>1. Resident # 6 was no longer at the facility unable to give transfer notice. The Director of Social Services was immediately in-serviced by the Regional Director regarding written Notification to Residents or Resident Representatives and the Representative of the Office of the State of Long-Term Care Ombudsman.</p> <p>2. All residents have the potential to be</p>		

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F 623	Continued From page 3 tool, and observed that the resident had [REDACTED] for decision making. The surveyor reviewed a [REDACTED] at 2:00 PM nurse's note and observed that Resident #6 was having [REDACTED] and was sent to the hospital. An additional nurse's note dated [REDACTED] at 8:00 PM included that the resident had been admitted to the hospital with diagnoses of [REDACTED] When interviewed on 1/29/2020 at 10:00 AM, the Social Worker stated that a written notification of transfer was not given to the resident/resident's representative or the Office of the State of Long-Term Care Ombudsman when residents were sent to the hospital. When interviewed on 1/31/2020 at 8:30 AM, the Administrator stated the facility did not send a written notification of transfer to the Office of the State Long-Term Care Ombudsman when residents were sent to the hospital.	F 623	affected by this deficient practice. A review of the last six months showed that the facility was not sending out the notifications to the residents or resident representatives and the representative of the Office of the State of Long -Term Care Ombudsman. 3. The Director of Social Services was in-serviced by the Regional Director on 1/29/2020 on sending or providing a copy of the transfer notice of an unplanned discharge to the hospital of a resident or resident's representative and the representative of the Office of the State Long-Term Care Ombudsman. 4. The Administrator will review weekly the copy of written notification of tranfer to the hospital weekly x 60 days then bi-monthly x 30 days periodically ongoing. All findings will be reviewed at the Quality Assurance Committee Meeting x 2 quarters.		
F 689 SS=D	NJAC 8:39-4.1(a)(32) Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2) §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and §483.25(d)(2)Each resident receives adequate supervision and assistance devices to prevent accidents.	F 689		3/2/20	

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F 689	<p>Continued From page 4</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, it was determined that the facility failed to provide supervision to a resident who was designated as a supervised [REDACTED]. This deficient practice was identified for 1 of 2 residents (Resident #107) reviewed for [REDACTED] and was evidenced by the following:</p> <p>During the initial tour of the facility on 1/23/2020 at 10:34 AM the surveyor asked the resident if he/she was a [REDACTED]. The resident stated "I'm trying to stop. I didn't ask them to help me stop [REDACTED]. I [REDACTED] about twice a day. I [REDACTED] by myself and I don't wear any protection."</p> <p>The surveyor reviewed the medical record and observed that Resident #107 was admitted to the facility with diagnoses that included [REDACTED].</p> <p>[REDACTED]</p> <p>The surveyor reviewed the resident's [REDACTED] Minimum Data Set, an assessment tool, which identified that Resident #107 had [REDACTED].</p> <p>On 1/24/2020 at 10:07 AM the surveyor reviewed the medical record of Resident #107 and observed the "South Jersey Extended Care Resident [REDACTED] Assessment", dated [REDACTED], which identified Resident #107 as "supervised [REDACTED] secondary to [REDACTED]."</p>	F 689	<p>F-689</p> <ol style="list-style-type: none"> 1. Resident #107 current [REDACTED] assessment was reviewed and a new [REDACTED] assessment was completed were it identified the resident was able to [REDACTED] without supervision. 2. All residents have the potential to be affected by this deficient practice. A facility wide review was conducted on all [REDACTED] residents and a new assessment was completed immediately and a new [REDACTED] list was created for all supervised and non-supervised residents. 3. Nursing staff and [REDACTED] monitors will be in-serviced on the new [REDACTED] assessment form and [REDACTED] policy of the facility. 4. DON and Assistant Director of Nurses will audit the [REDACTED] assessments of all [REDACTED] weekly x 60 days then bi-monthly x 30 days and ongoing. All findings will be reviewed at the Quality Assurance Committee meeting x 3 quarters 		

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F 689	<p>Continued From page 5</p> <p>██████████ which were both checked "yes."</p> <p>On 1/24/2020 at 12:55 PM the surveyor observed Resident #107 seated in his/her wheelchair by the nursing unit nurses station with a ██████████ in the left hand. The surveyor observed the resident proceed to the designated ██████████ area on the nursing unit via wheelchair and let him/herself out the door unaccompanied. The surveyor then observed Resident #107 with a ██████████ in his/her left hand ██████████ unsupervised. The surveyor observed Resident #107 to safely handle ██████████ the ██████████. The surveyor also observed that there was no evidence of unsafe ██████████ such as ██████████ areas in the resident's clothing.</p> <p>When interviewed on 1/24/2020 at 1:15 PM the Certified Nursing Assistant (CNA) who was responsible for Resident #107's care that day stated "The resident is allowed to ██████████ by ██████████. If he/she needs supervision they need to go up to the supervised ██████████ area. If we are not busy, we will go outside and supervise or if we are not too busy we will escort the resident up to the supervised ██████████ area." When questioned whether Resident #107 should have been supervised while the surveyor observed him/her ██████████ the CNA stated "No because he/she is unsupervised."</p> <p>When interviewed on 1/24/2020 at 1:22 PM, the Licensed Practical Nurse on the nursing unit stated "He/she is unsupervised I believe. Supervised ██████████ can be supervised in the original ██████████ area by the large dining area. If you are not going to supervise them on the unit then they must be escorted up to the supervised area but if we are not busy then we are to</p>	F 689			

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F 689	Continued From page 6 supervise them on our unit." On 1/24/20 at 2:05 PM the surveyors interviewed the Director of Nursing (DON) who stated "If a resident is deemed a supervised [REDACTED] they should be supervised at all times." The surveyor provided the DON with a copy of Resident #107's [REDACTED] assessment and agreement for review. The DON then stated "This paper says he/she needs supervision." The surveyor questioned whether Resident #107 should have been supervised at the time the surveyor observed him/her [REDACTED] on the [REDACTED] unit designated [REDACTED] area. The DON stated "If the [REDACTED] assessment said (he/she) is to be supervised then (he/she) should be supervised." The DON further stated "I will educate the staff and I will also do another [REDACTED] assessment on the resident." (A second [REDACTED] assessment was completed on [REDACTED] and identified that the resident was able to [REDACTED] without supervision.) The surveyor reviewed the facility policy titled "South Jersey Extended Care [REDACTED] Policy", reviewed 9/15/19 which included "A [REDACTED] monitor will be provided each shift for residents who require supervision while [REDACTED]."	F 689			
F 812 SS=E	NJAC 8:39-31.6 (e) Food Procurement,Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2) §483.60(i) Food safety requirements. The facility must - §483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities.	F 812		3/2/20	

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F 812	<p>Continued From page 7</p> <p>(i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations.</p> <p>(ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices.</p> <p>(iii) This provision does not preclude residents from consuming foods not procured by the facility.</p> <p>§483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety. This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview, and record review, it was determined that the facility failed to handle potentially hazardous foods and maintain sanitation in a safe and consistent manner. This deficient practice was evidenced by the following:</p> <p>On 1/23/2020 from 8:10 AM to 9:05 AM the surveyor, accompanied by the Food Service Director (FSD) and the Regional Director (RD), observed the following in the kitchen:</p> <p>1. In Meat Freezer #1 on an upper shelf an opened bag of frozen "Chicken Cordon Blues", dated 12/25/19 that was opened and exposed. On interview the FSD stated "I am going to throw them out, they are opened and were exposed."</p> <p>2. In the ice cream freezer there was an individual chocolate pudding dated "011720." The FSD stated "That's outdated. I'm throwing it away. They are good for three days. It should have thrown away on the 20th." The FSD stated "Every body is in charge of monitoring the dates." The FSD threw the pudding in the trash.</p>	F 812	<p>F-812</p> <p>1. The frozen chicken in the meat freezer number one that was found exposed on 1/23/2020 was discarded immediately. The rest of the meat freezers were checked to assure that there was no other exposed foods. The outdated chocolate pudding in the ice cream freezer was immediately discarded and the rest of the freezer was checked immediately to make sure that there was no other outdated items. The milk crate that contained the five bags of frozen English muffins in the freezer was removed from the floor of the freezer immediately and stored on the shelf. The rest of the freezer was checked to assure there were no other food items stored on the floor. The frozen spinach on the top shelf in the tall freezer was immediately thrown out. The black wall fan that had dust and debris was removed immediately and cleaned. The rest of the kitchen fans and kitchen equipment was</p>		

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F 812	<p>Continued From page 8</p> <p>3. In the breakfast freezer there was a red milk crate that contained 5 bags of frozen English muffins. The crate was on the floor of the freezer. The FSD stated "that should be stored on a shelf and not the floor." The FSD moved the crate of English muffins to a lower shelf off the floor of the freezer.</p> <p>4. The surveyor observed a black fan attached to the wall and directly above the stand up mixer. There was dust and unidentified debris in and on the plastic cover. When interviewed, the FSD and RD stated "that is going to get cleaned and covered today. I can see that could be a problem with contamination."</p> <p>On 1/29/2020 from 10:02 AM to 10:27 AM the surveyor, accompanied by the FSD and RD, observed the following in the kitchen:</p> <p>1. In the tall freezer on a top shelf, a package of frozen chopped spinach was removed from its original box. The package had no dates and had slight freezer burn, as per the RD. On interview the FSD stated "that should be dated. It looks freezer burnt. We're throwing it out."</p> <p>The surveyor reviewed the facility policy titled "South Jersey Extended Care Food Storage Policies", reviewed 11/2019. According to the "Left over food items" section of the policy, "All food items taken out of original container will be dated. All items dipped for consumption will also be dated; items include but not limited to ice cream, super pudding, and applesauce. No left over item will be stored longer then 72 hrs (3 days). Items dated past 3 days will be discarded." The "Frozen Food" items section of the policy</p>	F 812	<p>inspected to ensure that there was no dust or debris on them.</p> <p>2. These deficient practices have the potential to affect all residents in the facility when lack of safe and as well as the unacceptable practices of food storage may cause foodborne illness to the residents.</p> <p>3. All kitchen staff were in-serviced on the policies of food storage and proper labeling and dating of foods as well as the to keep the kitchen clean and free of dust and debris. The in-service included educating the kitchen staff on potentia foodborne illness due to these deficient practices that were found.</p> <p>4. The Food Service Director and the Administrator will monitor the kitchen daily x 90 days then bi-weekly x 60 days and monthly x 30 days and check that all foods are stored properly, properly labeled and dated and that the kitchen if free from dust and debris. All findings will be reviewed at the Quality Assurance meeting x 3 quarters.</p>		

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F 812	<p>Continued From page 9</p> <p>included the following: "All items will be left in the original box that indicates the date received. If product needs to be stored outside of the box, product will be sealed and labeled with date opened. No item stored without original box will be held longer than 90 days. No frozen food items will be held for longer than 6 months or past the expiration date."</p> <p>The surveyor reviewed the undated "General cleaning Schedule" and the "Jan -20 Stock Position Cleaning Schedule." According to the cleaning schedule the stock person is responsible to "clean exhaust fan in cook area (window/mixer areas) on a weekly basis.</p> <p>NJAC 8:39-17.2 (g)</p>	F 812			