

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315396	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/19/2024
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NAME OF PROVIDER OR SUPPLIER PREFERRED CARE AT CUMBERLAND	STREET ADDRESS, CITY, STATE, ZIP CODE 154 SUNNY SLOPE DRIVE BRIDGETON, NJ 08302
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(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
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F 000	INITIAL COMMENTS Complaint Number: NJ175824 Survey Date: 8/22/2024 Census: 131 Sample: 3 THE FACILITY WAS NOT IN COMPLIANCE WITH THE STANDARDS IN THE NEW JERSEY ADMINISTRATIVE CODE, CHAPTER 8:39, STANDARDS FOR LICENSURE OF LONG TERM CARE FACILITIES	F 000		
F 842 SS=D	Resident Records - Identifiable Information CFR(s): 483.20(f)(5), 483.70(h)(1)-(5) §483.20(f)(5) Resident-identifiable information. (i) A facility may not release information that is resident-identifiable to the public. (ii) The facility may release information that is resident-identifiable to an agent only in accordance with a contract under which the agent agrees not to use or disclose the information except to the extent the facility itself is permitted to do so. §483.70(h) Medical records. §483.70(h)(1) In accordance with accepted professional standards and practices, the facility must maintain medical records on each resident that are- (i) Complete; (ii) Accurately documented; (iii) Readily accessible; and (iv) Systematically organized §483.70(h)(2) The facility must keep confidential	F 842		9/27/24

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 09/20/2024
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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.

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

PRINTED: 11/21/2024
FORM APPROVED
OMB NO. 0938-0391

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F 842	<p>Continued From page 1</p> <p>all information contained in the resident's records, regardless of the form or storage method of the records, except when release is-</p> <p>(i) To the individual, or their resident representative where permitted by applicable law;</p> <p>(ii) Required by Law;</p> <p>(iii) For treatment, payment, or health care operations, as permitted by and in compliance with 45 CFR 164.506;</p> <p>(iv) For public health activities, reporting of abuse, neglect, or domestic violence, health oversight activities, judicial and administrative proceedings, law enforcement purposes, organ donation purposes, research purposes, or to coroners, medical examiners, funeral directors, and to avert a serious threat to health or safety as permitted by and in compliance with 45 CFR 164.512.</p> <p>§483.70(h)(3) The facility must safeguard medical record information against loss, destruction, or unauthorized use.</p> <p>§483.70(h)(4) Medical records must be retained for-</p> <p>(i) The period of time required by State law; or</p> <p>(ii) Five years from the date of discharge when there is no requirement in State law; or</p> <p>(iii) For a minor, 3 years after a resident reaches legal age under State law.</p> <p>§483.70(h)(5) The medical record must contain-</p> <p>(i) Sufficient information to identify the resident;</p> <p>(ii) A record of the resident's assessments;</p> <p>(iii) The comprehensive plan of care and services provided;</p> <p>(iv) The results of any preadmission screening and resident review evaluations and determinations conducted by the State;</p>	F 842			

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F 842	<p>Continued From page 2</p> <p>(v) Physician's, nurse's, and other licensed professional's progress notes; and</p> <p>(vi) Laboratory, radiology and other diagnostic services reports as required under §483.50. This REQUIREMENT is not met as evidenced by: Complaint #: NJ175824</p> <p>Based on interviews, medical record review, and review of other pertinent facility documents on 08/19/2024, it was determined that the facility staff failed to consistently document in the "Documentation Survey Report" (DSR) the Activities of Daily Living (ADL) status and follow the Certified Nursing Aide (CNA) job description and follow its policy titled "Documentation in Medical Record" for 1 of 3 residents (Resident #2) reviewed for documentation. This deficient practice was evidenced by the following:</p> <p>According to the "Admission Record" (AR), Resident #2 was admitted to the facility with diagnoses that included but were not limited to NJ Ex Order 26.4(b)(1) and NJ Ex Order 26.4(b)(1).</p> <p>The Minimum Data Set (MDS) an assessment tool used to facilitate the management of care dated NJ Ex Order 26.4(b)(1) revealed that Resident #2 had diagnoses that included but were not limited to NJ Ex Order 26.4(b)(1).</p> <p>The MDS revealed that Resident #2 had a Brief Interview for Mental Status (BIMS) score of NJ out of 15, which indicated NJ Ex Order 26.4(b)(1). Resident #2's NJ Ex Order 26.4(b)(1) for Daily NJ Ex Order 26.4(b)(1) were found to be NJ Ex Order 26.4(b)(1). The MDS also indicated that Resident</p>	F 842	<p>Element 1 Resident #2 Point Of Care (POC) documentation for NJ Ex Order 26.4(b)(1) for NJ Exec Order 26.4b1 on the cited dates were reviewed by the Director of Nursing (DON). NJ Exec Order 26.4b1 outcome was noted.</p> <p>Element 2 All residents have the potential to be affected- all resident POC documentation records were reviewed to ensure that measures are taken by the Certified Nurses Aides (CNAs) to maintain compliance with POC documentation.</p> <p>Element 3 All CNAs will be re-educated related to proper documentation in the POC for residents. The education will include turning and repositioning for residents.</p> <p>Element 4 The process for adherence to proper completion of POC documentation will be conducted by the Director of Nursing or designee. This audit will be conducted weekly x 4 then monthly x 3. Negative findings will be reported to the DON and addressed through one to one re-education and disciplinary measures if applicable. The results of the audits will be reported by the DON during the quarterly</p>	

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F 842	<p>Continued From page 3</p> <p>#2 required NJ Ex Order 26.4(b)(1) and NJ Ex Order 26.4(b)(1) with NJ Ex Order 26.4(b)(1).</p> <p>Review of Resident #2's Care Plan (CP) revealed a "Focus," initiated on NJ Ex Order 26.4(b)(1), that Resident #2 had actual NJ Ex Order 26.4(b)(1) related to NJ Ex Order 26.4(b)(1).</p> <p>Review of Resident #2's Documentation Survey Report v2 (DSR) for NJ Ex Order 26.4(b)(1) and NJ Ex Order 26.4(b)(1) showed the following:</p> <p>On the 7:00 A.M. to 3:00 P.M. shift, there was no documentation for "NJ Ex Order 26.4(b)(1)" for a total of 11 days: On NJ Ex Order 26.4(b)(1) through NJ Ex Order 26.4(b)(1), NJ Ex Order 26.4(b)(1), NJ Ex Order 26.4(b)(1), NJ Ex Order 26.4(b)(1), NJ Ex Order 26.4(b)(1), NJ Ex Order 26.4(b)(1), NJ Ex Order 26.4(b)(1), NJ Ex Order 26.4(b)(1), and NJ Ex Order 26.4(b)(1).</p> <p>On the 3:00 P.M. to 11:00 P.M. shift, there was no documentation for "NJ Ex Order 26.4(b)(1)" for a total of 17 days: On NJ Ex Order 26.4(b)(1) through NJ Ex Order 26.4(b)(1), NJ Ex Order 26.4(b)(1), NJ Ex Order 26.4(b)(1), NJ Ex Order 26.4(b)(1), NJ Ex Order 26.4(b)(1), NJ Ex Order 26.4(b)(1), NJ Ex Order 26.4(b)(1), NJ Ex Order 26.4(b)(1), NJ Ex Order 26.4(b)(1), NJ Ex Order 26.4(b)(1), NJ Ex Order 26.4(b)(1), NJ Ex Order 26.4(b)(1), NJ Ex Order 26.4(b)(1), NJ Ex Order 26.4(b)(1), NJ Ex Order 26.4(b)(1), and NJ Ex Order 26.4(b)(1).</p> <p>On the 11:00 P.M. to 7:00 A.M. shift, there was no documentation for "NJ Ex Order 26.4(b)(1)" for a total of 23 days: On NJ Ex Order 26.4(b)(1) through NJ Ex Order 26.4(b)(1), NJ Ex Order 26.4(b)(1), NJ Ex Order 26.4(b)(1), NJ Ex Order 26.4(b)(1), NJ Ex Order 26.4(b)(1), NJ Ex Order 26.4(b)(1), NJ Ex Order 26.4(b)(1), NJ Ex Order 26.4(b)(1), NJ Ex Order 26.4(b)(1), NJ Ex Order 26.4(b)(1), NJ Ex Order 26.4(b)(1), NJ Ex Order 26.4(b)(1), NJ Ex Order 26.4(b)(1), NJ Ex Order 26.4(b)(1), NJ Ex Order 26.4(b)(1), NJ Ex Order 26.4(b)(1), NJ Ex Order 26.4(b)(1), NJ Ex Order 26.4(b)(1), and NJ Ex Order 26.4(b)(1).</p> <p>Review of Resident #2's Progress Notes revealed no documentation that Resident #2 was NJ Ex Order 26.4(b)(1) and NJ Ex Order 26.4(b)(1) during the aforementioned</p>	F 842	quality assurance and improvement meeting.	

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F 842	<p>Continued From page 4</p> <p>shifts. Review of Resident #2's Progress notes revealed no documentation that Resident #2 refused NJ Ex Order 26 and NJ Ex Order 26.4(b)(1) during the aforementioned shifts.</p> <p>During an interview at 2:25 P.M. on 08/19/2024, a US FOIA (c) stated that CNAs were responsible for NJ Ex Order 26 and NJ Ex Order 26.4(b)(1) and for documenting what care was done in the electronic system. The US FOIA (c) further stated that NJ Ex Order 26.4(b)(1) were provided every two hours unless a resident refused NJ Ex Order 26.4(b)(1). The US FOIA (c) stated that if residents refused NJ Ex Order 26.4 she would check back with them in 30 minutes. The US FOIA (c) confirmed the presence of blanks on the DSR and stated that blank spaces may be due to staff forgetting to document, or not having time to document the care that was provided. The US FOIA (c) confirmed that the expectation was that there should have been no blank spaces in DSR documentation.</p> <p>In an interview at 2:30 P.M. on 8/19/2024, the U.S. FOIA (b) (6) reported that NJ Ex Order 26 and NJ Ex Order 26.4(b)(1) was done by CNAs according to the NJ Ex Order 26 and NJ Ex Order 26.4(b)(1) schedule located on the units. The U.S. FOIA (d) reported that Nurses and Unit Managers were responsible for ensuring that NJ Ex Order 26 and NJ Ex Order 26.4(b)(1) was done and documented. The U.S. FOIA (b) stated that it was her expectation that there were no blanks in documentation. U.S. FOIA (b) confirmed the presence of blanks in Resident #2's DSR for NJ Ex Order 26.4 NJ Ex Order 26.4(b)(1) and NJ Ex Order 26.4(b)(1). The U.S. FOIA (b) stated that blank spaces in the DSR can indicate that the care was not performed, or that care may have been provided but not documented.</p> <p>Review of the facility's job description document for the position "Certified Nurse Aide" revealed</p>	F 842		

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F 842	<p>Continued From page 5</p> <p>that the following "Duties/Responsibilities" were described as essential functions of the job: "turn bedridden residents every two (2) hours or sooner as indicated," and "records all entries on flow sheets or Point of Care/Care Tracker in an informative and descriptive manner."</p> <p>Review of the facility policy titled, "Documentation in Medical Record" with a last revised date of September 2023 indicated that "Documentation shall be completed in a timely manner." This policy further stated that "documentation shall be accurate, relevant and complete, containing sufficient details about the resident's care and/or responses to care."</p> <p>NJAC 8:39-35.2(f)</p>	F 842			

New Jersey Department of Health

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S 000	<p>Initial Comments</p> <p>Complaint Number: NJ175824</p> <p>Survey Date: 8/22/2024</p> <p>Census: 131</p> <p>Sample: 3</p> <p>THE FACILITY IS IN COMPLIANCE WITH THE STANDARDS FOR LICENSURE OF RESIDENTIAL HEALTH CARE FACILITIES CHAPTER N.J.A.C.8:43.</p>	S 000		

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

TITLE

(X6) DATE
09/20/24

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 315396 Y1	MULTIPLE CONSTRUCTION A. Building B. Wing Y2	DATE OF REVISIT 10/10/2024 Y3
NAME OF FACILITY PREFERRED CARE AT CUMBERLAND	STREET ADDRESS, CITY, STATE, ZIP CODE 154 SUNNY SLOPE DRIVE BRIDGETON, NJ 08302	

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 F0842	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # 483.20(f)(5), 483.70(h)(1)-(5)	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____	09/27/2024	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 8/19/2024

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