

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

PRINTED: 11/17/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315233	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/22/2021
NAME OF PROVIDER OR SUPPLIER LINCOLN SPECIALTY CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1640 SOUTH LINCOLN AVENUE VINELAND, NJ 08360		
(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 CENSUS: 140 SAMPLE SIZE: 28 + 3 CLOSED RECORDS A Recertification Survey was conducted to determine compliance with 42 CFR Part 483, Requirements for Long Term Care Facilities. Deficiencies were cited for this survey.	F 000			
F 686 SS=D	Treatment/Svcs to Prevent/Heal Pressure Ulcer CFR(s): 483.25(b)(1)(i)(ii) §483.25(b) Skin Integrity §483.25(b)(1) Pressure ulcers. Based on the comprehensive assessment of a resident, the facility must ensure that- (i) A resident receives care, consistent with professional standards of practice, to prevent pressure ulcers and does not develop pressure ulcers unless the individual's clinical condition demonstrates that they were unavoidable; and (ii) A resident with pressure ulcers receives necessary treatment and services, consistent with professional standards of practice, to promote healing, prevent infection and prevent new ulcers from developing. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, it was determined that the facility failed to follow an active physician's order to [redacted] [redacted] This deficient practice was identified for Resident [redacted] [redacted] residents reviewed for [redacted] and was evidenced by the following: During the initial tour of the [redacted]	F 686	Corrective Action The [redacted] [redacted] were applied immediately and the resident was examined for [redacted] [redacted] none was noted. Residents were identified at risk by the deficient practice. An audit was completed and no further issues were found. All nursing staff were in serviced	4/23/21	

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

TITLE

(X6) DATE

Electronically Signed

04/05/2021

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 686	<p>Continued From page 1</p> <p>Executive Order 26, 4.b. on 03/11/21 at 10:26 AM, the surveyor observed Resident Executive Order 26, 4.b.</p> <p>The surveyor observed that Resident Executive Order 26, 4.b. had Executive Order 26, 4.b.</p> <p>The surveyor further observed that the resident's Executive Order 26, 4.b.</p> <p>When interviewed at that time, Resident Executive Order 26, 4.b. was unable to provide answers about the Executive Order 26, 4.b.</p> <p>A review of the resident's Electronic Medical Record (EMR) revealed that Resident Executive Order 26, 4.b.</p> <p>Executive Order 26, 4.b.</p> <p>A review of the resident's most recent annual Minimum Data Set (MDS), an assessment tool used to facilitate the management of care, dated 02/20/21, reflected that Resident Executive Order 26, 4.b.</p> <p>The MDS further revealed that the Executive Order 26, 4.b.</p> <p>The surveyor reviewed the 03/2021 Physician Order Sheet (POS), which reflected a physician's order dated 10/29/20 for Executive Order 26, 4.b.</p> <p>The surveyor further reviewed the 03/2021 Treatment Administration Record (TAR), which revealed the corresponding physician's order for Executive Order 26, 4.b.</p> <p>The surveyor also observed a handwritten "FYI" (For Your Information)</p>	F 686	<p>importance of assistive devices and monitoring all residents for use during their shift. Also in serviced to make supervisor aware immediately if not found so they can be obtained. CNA's were in serviced to notify charge nurse if assistive devices are not found in residents room and to notify nurse if resident is not wearing them.</p> <p>Nursing Unit Managers and Nursing supervisors will do daily rounds and address any issues immediately. The DON or designee will perform weekly audits on assistive devices and report their finding to the Administrator and Quality Assurance Committee conducted quarterly. Any issues will be immediately addressed.</p>		

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F 686	<p>Continued From page 2</p> <p>documented in the hour section of the physician order.</p> <p>A review of Resident [REDACTED] Interdisciplinary Care Plan (CP), with the last care plan review, completed 03/15/21, revealed that the facility Interdisciplinary Team identified a [REDACTED] of potential for Executive Order 26, 4.b.</p> <p>[REDACTED] Interventions included but were not limited to Executive Order 26, 4.b.</p> <p>On 03/16/21 at 11:11 AM, the surveyor observed Resident Executive Order 26, 4.b.</p> <p>[REDACTED] The surveyor observed that Resident had Executive Order 26, 4.b.</p> <p>[REDACTED] The surveyor observed that the resident's Executive Order 26, 4.b.</p> <p>[REDACTED] The surveyor made the same observation on 03/17/21 at 9:46 AM.</p> <p>During an interview with the Licensed Practical Nurse/Unit Manager (LPN/UM) on 03/18/21 at 10:28 AM, the LPN/UM stated that Resident Executive Order 26, 4.b.</p> <p>[REDACTED] The LPN/UM further noted that the resident had a Executive Order 26, 4.b. and that the Executive Order 26, 4.b.</p> <p>On 03/18/21 at 10:34 AM, the surveyor observed Resident Executive Order 26, 4.b.</p> <p>[REDACTED] The surveyor observed that Resident had Executive Order 26, 4.b.</p> <p>[REDACTED] The surveyor observed that the resident's Executive Order 26, 4.b.</p>	F 686			

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F 686	<p>Continued From page 3</p> <p>During a follow-up interview with the LPN/UM on 03/18/21 at 10:44 AM, the surveyor inquired about Resident [REDACTED] Executive Order 26, 4.b. The LPN/UM stated that the resident should have had [REDACTED] At which time, the surveyor and the LPN/UM donned on the required Personal Protective Equipment and entered the resident's room. Upon entering the resident's room, the LPN/UM stated that she could see that Resident [REDACTED] Executive Order 26, 4.b.</p> <p>When interviewed, the LPN/UM said that Resident [REDACTED] should have had [REDACTED] Executive Order 26, 4.b. and that the nurse was responsible for making sure they were applied as ordered. The surveyor observed LPN/UM search Resident [REDACTED] Executive Order 26, 4.b. The LPN/UM was unable to locate Resident [REDACTED] Executive Order 26, 4.b.</p> <p>During an interview with the surveyor on 03/19/21 at 1:18 PM, the Director of Nursing (DON) stated that she expected the [REDACTED] Executive Order 26, 4.b.</p> <p>The surveyor reviewed the facility's "Assistive Devices and Equipment" policy, with the updated date of October 2020 provided by the DON. The policy revealed that the facility would provide, maintain, and supervise the use of assistive devices and equipment for residents.</p> <p>NJAC 8:39-27.1(a)</p>	F 686			

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 315233	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 5/17/2021
NAME OF FACILITY LINCOLN SPECIALTY CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1640 SOUTH LINCOLN AVENUE VINELAND, NJ 08360	

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 F0686	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 483.25(b)(1)(i)(ii)	Completed	Reg. #	Completed	Reg. #	Completed
LSC	04/23/2021	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
3/22/2021

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