

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

PRINTED: 11/30/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315363	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 08/17/2020
NAME OF PROVIDER OR SUPPLIER MONTCLAIR CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 111-115 GATES AVENUE MONTCLAIR, NJ 07042		
(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	F 000			
	COMPLAINT # NJ 133611				
	CENSUS: 46				
	SAMPLE SIZE: 5				
F 609 SS=D	Reporting of Alleged Violations CFR(s): 483.12(c)(1)(4) §483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must: §483.12(c)(1) Ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to the administrator of the facility and to other officials (including to the State Survey Agency and adult protective services where state law provides for jurisdiction in long-term care facilities) in accordance with State law through established procedures. §483.12(c)(4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken. This REQUIREMENT is not met as evidenced	F 609		9/23/20	

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

TITLE

(X6) DATE

Electronically Signed

09/02/2020

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 609	<p>Continued From page 1 by: Complaint: # NJ 133611</p> <p>Based on interviews, review of the Medical Records (MR), and other pertinent facility documents on 8/17/2020, it was determined that the facility staff failed to report to the New Jersey Department of Health (NJDOH) an allegation of abuse, when the police were called to the Facility by a family member to investigate abuse, for 1 of 5 sampled residents (Resident #3). The facility also failed to follow their policy titled "Reportable Events Reporting to the State Health Department/Ombudsman." This deficient practice was evidenced by the following:</p> <p>1. According to the Face Sheet (FS), Resident #3 was admitted to the Facility on [REDACTED], and readmitted on [REDACTED] with diagnoses which included but were not limited to: [REDACTED]</p> <p>According to the Minimum Data Set (MDS), an assessment tool dated 1/16/2020, Resident #3 had a Brief Interview for Mental Status (BIMS) score of [REDACTED] indicating the resident had [REDACTED] NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1. [REDACTED] Living (ADLs).</p> <p>Review of the Care Plan (CP), with an initiated</p>	F 609	<p>F609</p> <p>1. The Reportable event was faxed to the NJDOH and the office of Ombudsman on 9/15/20.</p> <p>LPN #1 was inserviced on 8/17/20 on reporting of all Alleged abuse to the Director of Nursing and Administrator within 30 minutes.</p> <p>2. All residents have the potential of being affected by this deficient practice of not reporting alleged abuse to the NJDOH and Ombudsman's office.</p> <p>3. All Clinical Nursing staff was inserviced on reporting abuse to Director of Nursing and Administrator within 30 minutes.</p> <p>The Director of Nursing/Designee will check all cases of alleged abuse for 2 months if applicable to ensure that they are being properly reported to all applicable agencies as required.</p> <p>4. The Administrator/Designee will randomly check 2 cases a month of alleged abuse for 2 months if applicable to ensure that they are being properly reported to all applicable agencies as required. All finding will be presented at the next QA meeting.</p>	

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F 609	<p>Continued From page 2</p> <p>date of 4/9/2019, revealed Resident #3 had NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1., with behavior problems, would be resistive to care and would wander into other resident rooms. Interventions on the CP included but were not limited to: Activities of choice, rest periods as needed, NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1., and administer medications as ordered.</p> <p>Review of the Facility Progress Notes (PN), on Resident #3, dated 2/2/2020, showed an entry at 3:23 p.m., by the Nursing Supervisor/Licensed Practical Nurse (LPN #1), documenting the police came to the Facility responding to a complaint of resident abuse, the staff escorted the officer to the resident's room where the son was visiting. The son stated that last week an agency aide was too rough with his relative and the roommate informed him and witnessed it.</p> <p>During an interview on 8/12/2020, the Regional Administrator (RA) reported there were no Reportable Events sent to the NJDOH for the months of February, March, or April of 2020.</p> <p>During an interview on 8/12/2020 at 11:38 a.m., the Director of Nursing (DON) reported on 2/2/2020, the police were called to the building by Resident #3's son, regarding an allegation of abuse. The Power of Attorney (POA) of Resident #3, was notified by phone of the incident and stated that her brother had mental issues. The DON further stated that she was aware that any allegation of abuse needs to be investigated and reported to the NJDOH and the Ombudsman. The DON also stated she was not the DON until April of 2020.</p>	F 609			

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F 609	Continued From page 3 During an interview on 8/12/2020 at 12:17 p.m., the Administrator (Admin) reported that the facility's procedure if a family member calls the police regarding an accusation of abuse, it would be to report it to the NJDOH, and it would be internally investigated. The Admin further stated that it was not reported because the daughter said she did not believe it happened and she was the POA. Review of the Facility's Policy titled "Reportable Events Reporting to the State Health Department/Ombudsman," with an implemented date of June 13, 2019, and a review dated of June 2020, revealed the following; "Objective": It is the policy of this facility to report incidents that may endanger the health, safety and well-being of the residents, visitors, and staff. Under "Procedure": The following situations must be immediately reported within 30 minutes to the Administrator and the Director of Nursing (DON), section D. Suspected resident abuse, neglect, mistreatment or exploitation of residents. In addition, the policy states "The Administrator must immediately report to the DOH" (Department of Health).	F 609			
F 610 SS=D	N.J.A.C. 8:39-9.4 (f) Investigate/Prevent/Correct Alleged Violation CFR(s): 483.12(c)(2)-(4) §483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must: §483.12(c)(2) Have evidence that all alleged violations are thoroughly investigated.	F 610		9/23/20	

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F 610	<p>Continued From page 4</p> <p>§483.12(c)(3) Prevent further potential abuse, neglect, exploitation, or mistreatment while the investigation is in progress.</p> <p>§483.12(c)(4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken. This REQUIREMENT is not met as evidenced by: COMPLAINT # NJ 133611</p> <p>Based on interviews, review of the Medical Records (MR), and other pertinent facility documentation on 8/17/2020, it was determined that the facility staff failed to investigate an allegation of abuse, as well as, failed to follow the facility's policy titled "Abuse and Neglect" for 1 of 5 sampled residents (Resident #3). This deficient practice was evidenced by the following:</p> <p>1. According to the Face Sheet (FS), Resident #3 was admitted to the Facility on [REDACTED] NJAC 9.43E-2.1 and [REDACTED], and readmitted on [REDACTED] NJAC 9.43E-2.1 and [REDACTED], with diagnoses which included but were not limited to: [REDACTED] NJAC 9.43E-2.1 and Exec Order [REDACTED]</p> <p>Review of the Minimum Data Set (MDS), an</p>	F 610	<p>F610</p> <p>1. Resident #3 is no longer in the facility.</p> <p>LPN #1 was in-serviced on 8/17/20 on proper investigation of all allegations of abuse and neglect. Administrator was in-serviced on 8/17/20 on proper investigation of all allegations of abuse and neglect.</p> <p>2. All residents that have the potential of being affected by this deficient practice of not facilitating a proper investigation of alleged abuse.</p> <p>3. All clinical staff was in-serviced on proper investigation on all allegations of abuse and neglect. The Director of Nursing/Designee will check all cases of allegations of abuse and neglect for 2 months if applicable to ensure a proper investigation of allegations of abuse and neglect are being facilitated.</p> <p>4. The Administrator/Designee will randomly check 2 cases per month of</p>		

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F 610	<p>Continued From page 5</p> <p>assessment tool dated [REDACTED], Resident #3 had a Brief Interview for Mental Status (BIMS) score of [REDACTED], indicating the resident had [REDACTED]. The MDS also indicated that Resident #3 required extensive assistance with Activities of Daily Living (ADLs).</p> <p>Review of the Care Plan (CP), with an initiated date of 4/9/2019, revealed Resident #3 had [REDACTED], with behavior problems, and would be resistive to care, and would wander into other resident rooms. Interventions on the CP included but were not limited to: Activities of choice, rest periods as needed, [REDACTED] as needed, administer medications as ordered.</p> <p>Review of the Facility Progress Notes (PN) on Resident #3, dated 2/2/2020, showed an entry at 3:23 p.m., by the Nursing Supervisor/Licensed Practical Nurse (LPN #1) documenting: The police came to the Facility responding to a complaint of resident abuse, the staff escorted the officer to the resident's room where the son was visiting. The son stated that last week an agency aide was too rough with his relative and the roommate informed him and witnessed it. LPN #1 documented that he suggested to the son to speak to the Social Worker (SW) the next day, the son agreed.</p> <p>Further review of the progress notes for Resident #3 failed to show any further documentation by the staff about the allegation of abuse on 2/2/2020, to indicate an investigation was done.</p> <p>During an interview on 8/12/2020 at 11:38 a.m., the Director of Nursing (DON) reported, that on</p>	F 610	<p>allegations of abuse and neglect if applicable, to ensure a proper investigation is being facilitated. All findings will be presented at the next QA meeting.</p>		

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F 610	<p>Continued From page 6</p> <p>2/2/2020, the police were called to the building by Resident #3's son regarding an allegation of abuse. The DON stated that any allegation of abuse needs to be thoroughly investigated and reported to the Department of Health (DOH) and the Ombudsman. The DON further stated she was not the DON until April of 2020.</p> <p>During an interview on 8/12/2020 at 11:55 a.m., the Social Worker (SW) reported she does not remember speaking to the son or the Power of Attorney (POA) regarding the allegation of abuse to Resident #3 on 2/2/2020, and stated that if she did speak to them she would have documented in the progress notes. The SW also stated, if a family member makes an allegation of abuse, the administration should be notified, and an internal investigation should be done by nursing.</p> <p>During an interview on 8/12/2020 at 12:17 p.m., the Administrator (Admin) stated that it depends on the situation and who is making the complaint whether the abuse allegation should be investigated, and in this situation the POA of Resident #3 did not suspect abuse and reported [REDACTED] brother had a mental illness and always calls the cops.</p> <p>During an interview on 8/12/2020 at 1:42 p.m., the DON provided the surveyor with a copy of the progress notes dated 2/3/2020 at 1:48 p.m., showing documentation by the prior DON from the medical record. The documentation showed the DON spoke with Resident #3's roommate regarding the allegation of abuse on 2/3/2020, and the resident was not sure of the prior accusations that he/she made and that he/she knew the roommate was uncooperative with</p>	F 610			

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F 610	Continued From page 7 care. In addition, the DON documented that the SW confirmed with Resident #3's [REDACTED] that [REDACTED] was mentally challenged. The DON further reported that she was unable to find any other documentation showing that an investigation of the abuse allegations was completed by the staff. Review of the Facility's Policy titled "Abuse and Neglect," with an implemented date of June 13, 2019, and a review dated of June 2020, revealed the following under Objective: It is the policy of this facility to prevent any form of abuse or neglect towards a resident or residents whenever possible and to promptly and completely investigate and act upon the incident. Under part VI "Investigation," section 1. Revealed the following: The Administrator will initiate and oversee or conduct the investigation.	F 610			
F 658 SS=D	N.J.A.C. 8:39-9.4 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 # NJ 133611 Reference: New Jersey Statutes, Annotated Title	F 658	F658 1. Resident #3 is no longer in the facility. LPN #1 was in-serviced on 8/17/20 on proper Nursing evaluation and	9/23/20	

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F 658	<p>Continued From page 8</p> <p>45 Chapter 11, Nursing Board. The nurse practice act for the state of New Jersey states: "The practice of nursing as a Registered Professional Nurse is defined as diagnosing, and treating human response to actual or potential physical and emotional health problems, through such services as case finding, health teaching, health counseling, and provision of care supportive to restorative of life and well-being, and executing medical regimens as prescribed by a licensed or otherwise legally authorized physician or dentist."</p> <p>Reference: "The practice of nursing as a Licensed Practical Nurse is defined as performing tasks, and responsibilities within the framework of case finding, reinforcing the patient and family teaching program through health teaching, health counseling and provision of supportive and restorative care, under the direction of a Registered Nurse, or otherwise legally authorized physician or dentist."</p> <p>Based on interviews, Medical Record (MR) review, and review of other pertinent facility documents on 8/17/2020, it was determined that the facility staff failed to follow acceptable Standards of Clinical Practice in accordance with the NJ Board of Nursing for assessments as well as, follow the facility's policy titled "Charting and Documentation," for 1 of 5 residents sampled. This deficient practice is evidenced by the following:</p>	F 658	<p>documentation and proper practice of Nursing.</p> <p>2. All residents have the potential of being affected by this deficient practice of not following proper Nursing documentation.</p> <p>3. All Clinical Nurses were in-serviced on proper Nursing Documentation and Proper practice of Nursing. Nursing Supervisor/Designee will randomly check 2 residents charts a week for 2 months to ensure proper documentation.</p> <p>4. Director of Nursing/Designee will Randomly check 1 chart a week for 2 months to ensure proper documentation. All findings will be presented at the next QA meeting.</p>		

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F 658	<p>Continued From page 9</p> <p>1. According to the Face Sheet (FS), Resident #3 was admitted to the Facility on [REDACTED], and readmitted on [REDACTED], with diagnoses which included but were not limited to: [REDACTED].</p> <p>Review of the Minimum Data Set (MDS), an assessment tool dated [REDACTED], Resident #3 had a Brief Interview for Mental Status (BIMS) score of [REDACTED] indicating the resident had [REDACTED]. The MDS also indicated that Resident #3 required extensive assistance with Activities of Daily Living (ADLs).</p> <p>Review of the Care Plan (CP), with an initiated date of 4/9/2019, revealed Resident #3 had [REDACTED]. Interventions on the CP included but were not limited to: Activities of choice, rest periods as needed, [REDACTED] as needed, administer medications as ordered.</p> <p>Review of the Facility Progress Notes (PN), dated 2/2/2020, showed an entry at 3:23 p.m., by the Nursing Supervisor/Licensed Practical Nurse (LPN #1), documenting that the police came to the Facility responding to a complaint of resident abuse, the staff escorted the officer to the resident's room where the son was visiting. The son stated that last week an agency Aide was too rough with Resident #3's care and the roommate had informed him and witnessed it. In addition, LPN #1 documented that he suggested to the son to speak to the Social Worker the next day, and the son agreed.</p>	F 658			

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F 658	<p>Continued From page 10</p> <p>Further review of the progress notes for Resident #3 failed to show any further documentation of any physical assessment or skin assessment completed by the nursing staff to verify whether any actual injury occurred.</p> <p>During an interview on 8/12/2020 at 1:53 p.m., the Nursing Supervisor/LPN #1 reported he had assessed Resident #3 for bruises, and none were found. However, no documentation was found in the medical record of the assessment. LPN #1 further stated that he never checked the resident's vital signs, or completed a skin assessment form, or charted his findings in the progress notes because the resident "was not in any distress."</p> <p>During an interview on 8/12/2020 at 2:10 p.m., the Director of Nursing (DON) reported that she was unable to provide any documentation on the resident's condition or a skin assessment for the 2/2/2020 incident. The DON stated that the Nursing Supervisor, LPN #1, should have "at least done a skin assessment." The DON also stated that the resident's physical condition should have been assessed and documented in the progress notes and further stated that the facility policy on charting and documentation has no restriction or limits.</p> <p>Review of the Facility's Policy titled "Charting and Documentation," with an implemented date of June 2019, and a review date of June 2020, revealed the following under: "Definition of Record," The resident's clinical record is a concise account of treatment, care, response to care, signs, symptoms, and progress of the</p>	F 658			

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F 658	Continued From page 11 resident's condition. It is also necessary to include data needed for identification and communication with family and friends. Complete history of resident and present illness is required under current law and regulations at the time of admissions. Under "Importance and use of the record," section 2. To the facility it reflects the quality of care given to the resident. Section 3. To the nurse, it provides a multidisciplinary record of the physical and mental status of the resident. N.J.A.C. 8:39-27.1(a)	F 658			

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 315363	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	Y2	DATE OF REVISIT 9/23/2020	Y3
NAME OF FACILITY MONTCLAIR CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 111-115 GATES AVENUE MONTCLAIR, NJ 07042		

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 F0609	Correction	ID Prefix F0610	Correction	ID Prefix F0658	Correction
Reg. # 483.12(c)(1)(4)	Completed	Reg. # 483.12(c)(2)-(4)	Completed	Reg. # 483.21(b)(3)(i)	Completed
LSC	09/23/2020	LSC	09/23/2020	LSC	09/23/2020
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 8/17/2020		<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO		