

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

PRINTED: 03/22/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315066		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 12/30/2020	
NAME OF PROVIDER OR SUPPLIER STRATFORD MANOR REHABILITATION AND CARE CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 787 NORTHFIELD AVE WEST ORANGE, NJ 07052			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			D 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			
F 684 SS=D	<p>Complaints #: NJ00135218, NJ00135548, and NJ00136596. Census: 108 Sample size: 18 The facility is not in compliance with the requirements of 42 CFR Part 483, Subpart B, for Long Term Care Facilities based on this complaint survey.</p> <p>Quality of Care CFR(s): 483.25</p> <p>§ 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices. This REQUIREMENT is not met as evidenced by: Complaint Intake #: NJ00135548</p> <p>Based on record review, interviews, and facility policy review, it was determined the facility failed to ensure wound treatments were completed per physician's orders for one (Resident #2) of three residents investigated for wound care.</p> <p>Findings included:</p> <p>1. Resident #2 was admitted on <small>NJ Exec. Order 26 4.6.1</small>. The face sheet indicated diagnoses included <small>NJ Exec. Order</small></p>			F 684	<p>Corrective Action: Resident #2 no longer resides at the facility.</p> <p>Identification of Residents at risk: All residents that have treatment order are at risk for this deficient practice.</p> <p>Systemic Changes: All Nurses were in-serviced to ensure wound care treatments are completed per physician's orders. An audit was done to ensure all wound treatments were completed as per physician's orders.</p>		1/17/21

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

TITLE

(X6) DATE

Electronically Signed

01/15/2021

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 684	<p>Continued From page 1</p> <p>Review of a physician's note on 03/26/2020 revealed the resident had a NJ Exec. Order 26:4.b.1 [REDACTED]</p> <p>The Minimum Data Set (MDS) assessment, dated 04/01/2020, revealed the resident had NJ Exec. Order 26:4.b.1 [REDACTED] were marked under skin conditions.</p> <p>Review of the treatment administration records (TAR) revealed the following treatments were to be performed per the physician's orders: - NJ Exec. Order 26:4.b.1 [REDACTED]. The start date was 03/27/2020 and the discontinuation date was 04/11/2020. A review of the TAR indicated there was missing documentation on 03/27/2020, 03/28/2020, 03/29/2020 and 03/30/2020, 04/04/2020, 04/05/2020, 04/07/2020 and 04/08/2020. There was no documentation that the treatment had been completed. - NJ Exec. Order 26:4.b.1 [REDACTED] the start date was 04/03/2020 and the discontinuation date was 04/10/2020. A review of the TAR indicated there was missing documentation on 04/04/2020, 04/05/2020, 04/07/2020, 04/08/2020 and 04/10/2020. There was no documentation that the treatment had been completed.</p> <p>The resident's family was interviewed on 12/19/2020 at 2:07 p.m. He/she said the resident</p>	F 684	<p>Quality Assurance: An Audit of the wound care treatment order of 4 residents will be done to ensure wound care treatments are completed as per physician's orders. Audit will be conducted Monthly by DON/Designee and presented to the Quarterly QA committee for 6months.</p>		

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F 684	<p>Continued From page 2</p> <p>had arrived at the facility with orders for [REDACTED] NJ Exec. Order 26:4.b. that were not completed. The resident informed the family member that the [REDACTED] NJ Exec. Order 26:4.b.1 [REDACTED] regularly.</p> <p>The Director of Nurses (DON) was interviewed on 12/19/2020 at 2:19 p.m. The DON said the expectation was that the staff would document provided treatments. The DON acknowledged the missing documentation and said the staff were educated on a continued basis regarding the importance of documentation.</p> <p>The DON was interviewed again on 12/30/2020 at 8:43 a.m. The DON said the focus during that time was taking care of the residents and the COVID-19 outbreak. He/she said the wound care nurse (WCN) had treated the residents every week. The DON confirmed there was missing documentation, but resident care was a priority at that time. The DON said they just completed additional training on the importance of documentation.</p> <p>The WCN was interviewed on 12/30/2020 at 10:17 a.m. He/she said this resident had [REDACTED] NJ Exec. Order 26:4.b. He/she said the resident was receiving [REDACTED] NJ Exec. Order 26:4.b. and [REDACTED] NJ Exec. Order 26:4.b. and he/she did the treatments every day. The WCN said he/she did not remember the treatments not being signed off as completed but he/she said it was done as ordered. The WCN said when [REDACTED] NJ Exec. Order 26:4.b.1 [REDACTED] .</p> <p>Review of the pressure sores-general policy, revised 12/20/2019, revealed, "The course of treatment will be documented until the problem is resolved."</p>	F 684			

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POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 315066	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 1/22/2021
NAME OF FACILITY STRATFORD MANOR REHABILITATION AND CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 787 NORTHFIELD AVE WEST ORANGE, NJ 07052	

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 F0684	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 483.25	Completed	Reg. #	Completed	Reg. #	Completed
LSC	01/17/2021	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	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE	
REVIEWED BY CMS RO	REVIEWED BY (INITIALS)	DATE	TITLE	DATE	
FOLLOWUP TO SURVEY COMPLETED ON 12/30/2020		<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			