

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

PRINTED: 02/06/2023  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>315226</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>07/08/2021</b>
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NAME OF PROVIDER OR SUPPLIER  <b>HUNTERDON CARE CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1 LEISURE COURT</b> <b>FLEMINGTON, NJ 08822</b>
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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	<p>INITIAL COMMENTS</p> <p>Complaint#: NJ145681, NJ146311</p> <p>Census: 158</p> <p>Sample Size: 4</p> <p>THE FACILITY IS NOT IN SUBSTANTIAL COMPLIANCE WITH THE REQUIREMENTS OF 42 CFR PART 483, SUBPART B, FOR LONG TERM CARE FACILITIES BASED ON THIS COMPLAINT VISIT.</p>	F 000		
F 658 SS=E	<p>Services Provided Meet Professional Standards CFR(s): 483.21(b)(3)(i)</p> <p>§483.21(b)(3) Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan, must-</p> <p>(i) Meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Complaint#: NJ145681</p> <p>Based on interviews, medical record reviews and review of other pertinent facility documents on 7/7/2021 and 7/8/2021, it was determined that the facility failed to consistently document in the medical records the status of the residents and adhere to the acceptable standards of nursing practice for not following physician's orders and care plan interventions, as well as failed to follow their own policies titled "Nursing Philosophy and Objectives," "Documentation" and Admission and</p>	F 658	<p>Corrective action for residents affected by deficient practice: Resident #1: The nurses were made aware of the deficient practice and re-educated by the Director of Nursing on the necessity of documenting an accurate recording of administration of enteral orders on the Enteral tab in EMR. MD reviewed medical records and there were no new orders. Resident #2: The nurses were made aware of the deficient practice and re-educated by the</p>	9/30/21

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  <b>Electronically Signed</b>	TITLE	(X6) DATE <b>07/29/2021</b>
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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.

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F 658	<p>Continued From page 1</p> <p>Baseline Careplan (BCP)" for 3 of 4 sampled residents (Resident #1, Resident#2, and Resident #3). This deficient practice was evidenced by the following:</p> <p>Review of the Electronic Medical Records (EMRs) were as follows:</p> <p>1. According to the Medical Record (MR), Resident #1 was admitted to the facility on [redacted] with diagnoses which included but were not limited to [redacted].</p> <p>According to the Minimal Data Set (MDS), an assessment tool dated [redacted], Resident #1 had a Brief Interview for Mental Status (BIMS) score of [redacted], indicating the resident was [redacted]. The MDS also showed that Resident #1 needed extensive assistance with Activities of Daily Living (ADLs) and received nutrition through tube feeding.</p> <p>Review of Resident #1's Care Plan revealed the following: Under "Focus": Resident is at risk for aspiration due to [redacted] intake and relies on [redacted] to meet nutritional needs... Under "Interventions": Administer feeding as ordered... Check residuals as ordered. Check tube placement before feeding and medication administration...</p> <p>Review of Resident #1's "Order Summary Report (OSR)", dated [redacted]</p>	F 658	<p>Director of Nursing on the necessity of documenting an accurate recording of administration of enteral orders on the Enteral tab in EMR.</p> <p>MD reviewed medical records and there were no new orders.</p> <p>Resident #3: The nurses were made aware of the deficient practice and re-educated by the Director of Nursing on the necessity of documenting an accurate recording of administration of enteral orders on the Enteral tab in EMR.</p> <p>MD reviewed medical records and there were no new orders.</p> <p>Identification of other residents who could be affected by the deficient practice: The documentation of all residents with enteral tube orders were audited to evaluate and assure compliance with accurate and complete documentation of administration. No other residents were affected by the deficient practice.</p> <p>Measures or systemic changes to ensure that the deficiencies will not recur: -Licensed nurses were re-educated by the Director of Nursing (or designee) on documenting in the EMR the status of the residents, with enteral feedings and following physician orders. -Director of nursing (or designee) will audit all residents with enteral orders twice weekly X 4 weeks, then weekly X 4 weeks, and monthly for 3 months to</p>	

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F 658	Continued From page 2 revealed the following <b>NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1.</b> orders:  Every Shift <b>NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1.</b> [REDACTED]  Every Shift flush tube with <b>NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1.</b> [REDACTED]  <b>NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1.</b> [REDACTED]  <b>NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1.</b> [REDACTED]  <b>NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1.</b> [REDACTED]  <b>NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1.</b> [REDACTED]  Review of Resident #1's <b>NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1.</b> Record (EAR) dated <b>NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1.</b> revealed the above physician's orders were not documented as being administered as follows: Every Shift <b>NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1.</b> [REDACTED] t  Every Shift <b>NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1.</b> [REDACTED]	F 658	assure that documentation of administration of enteral orders are accurate and complete.  Monitoring the continued effectiveness of the systemic change: Director of Nursing, or designee, will conduct audit on all residents with enteral orders twice weekly X 4 weeks, then weekly X 4 weeks, and monthly for 3 months to assure that documentation of administration is accurate and complete. Results will be reported at the Quality Assurance Committee meeting for at least 2 consecutive quarters to assure compliance.		

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F 658	<p>Continued From page 3</p> <p><b>NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1.</b> [REDACTED]</p> <p><b>NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1.</b> [REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>2. According to the MR, Resident #2 was admitted to the facility on [REDACTED], with diagnoses which included but were not limited to <b>NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1.</b> [REDACTED]</p> <p>According to the MDS, dated [REDACTED], Resident #2 had a BIMS score of [REDACTED]. The MDS also showed that Resident #2 needed extensive assistance with ADLs and received nutrition through tube feeding.</p> <p>Review of Resident #2's Care Plan indicated the following: Under "Focus": Resident is receiving <b>NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1.</b> [REDACTED]. Under "Interventions": Administer feeding as ordered... Check residuals</p>	F 658		

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F 658	<p>Continued From page 4 as ordered. Administer flushed as ordered. Check tube placement before feeding, and medications are administered...</p> <p>Review of Resident #2's OSR dated [redacted] revealed the following [redacted] orders:</p> <p><b>NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1.</b></p> <p>[redacted]</p> <p>[redacted]</p> <p>[redacted]</p> <p>[redacted]</p> <p><b>NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1.</b></p> <p>[redacted]</p> <p><b>NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1.</b></p> <p>[redacted]</p> <p>Review of Resident #2's EAR dated [redacted] revealed the following physician's orders were not documented as being administered as follows:</p> <p><b>NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1.</b></p> <p>[redacted]</p>	F 658		

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F 658	<p>Continued From page 5</p> <p><b>NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1.</b>, on the evening shift.</p> <p><b>NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1.</b></p> <p><b>NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1.</b></p> <p><b>NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1.</b></p> <p><b>NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1.</b></p> <p><b>NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1.</b></p> <p><b>NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1.</b></p> <p>3. According to the MR, Resident #3 was admitted to the facility on <b>NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1.</b> with diagnoses which included but were not limited to <b>NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1.</b></p> <p><b>NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1.</b></p> <p>According to the MDS, dated <b>NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1.</b> Resident</p>	F 658		

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F 658	<p>Continued From page 6</p> <p>#3 had a BIMS score of [REDACTED] indicating the resident was cognitively intact. The MDS also showed that Resident #3 needed extensive assistance with ADLs and received nutrition through tube feeding.</p> <p>Review of Resident #3's OSR dated [REDACTED] revealed the following [REDACTED] orders:</p> <p><b>NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1.</b></p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p><b>NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1.</b></p> <p>[REDACTED]</p> <p><b>NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1.</b></p> <p>[REDACTED]</p> <p>Review of Resident #3's EAR dated [REDACTED] revealed the above following physician's orders were not documented as being administered as follows:</p> <p><b>NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1.</b></p> <p>[REDACTED]</p>	F 658		

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F 658	<p>Continued From page 7</p> <p><b>NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1.</b></p> <p><b>NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1.</b></p> <p><b>NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1.</b></p> <p><b>NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1.</b></p> <p><b>NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1.</b></p> <p><b>NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1.</b></p> <p>During an interview on 7/8/2021 at 8:31 a.m., the Unit Manager (UM) stated, "the blanks on the <b>NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1.</b> record mean the nurse did not document the treatment; the nurse should look at the physician's order, do the treatment such as medication, and feeding, then document on the Medication Administration Record (MAR), Treatment Administration Record (TAR) or <b>NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1.</b> Record <b>NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1.</b>)." </p> <p>During an interview on 7/8/2021 at 10:22 a.m., the Director of Nursing stated, "the blanks on the <b>NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1.</b> are from nurses not documenting."</p> <p>Review of the facility's policy titled Nursing Philosophy and Objective" dated 10/26/1999,</p>	F 658		



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F 658	<p>Continued From page 8</p> <p>indicated the following: Under "Goals": The goal of the nursing department is to attain and maintain the resident's highest level of physical, emotional, and social well being during the residents stay in the facility.</p> <p>The Nursing Department will: Ensure that each resident receives treatment, medications and diet in accordance with physician's medical plan of care.... Document all care in accurate manner, which will be available upon request of the resident.</p> <p>Review of the facility's policy titled "Documentation" undated, indicated the following: Under "Policy": Documentation is a professional tracking tool to enhance continuity of care. Good clinical practice dictates what goes into the medical record. The key goals of sound clinical documentation are: to describe information in a way that everyone can understand the progress of the resident. To enhance continuity of care so that the staff on all shifts and among all disciplines will know what must be monitored. To monitor outcomes of care. Under Guiltiness for Nursing Documentation , Skilled Nursing Procedures-Tube Feeding indicated the following:</p> <p>The licensed nurse is to document the following, on a daily basis: 2. Placement verification/head of bed elevated.</p> <p>4. Frequency of flushes and the amount of the flush.</p> <p>7. Intake and output and parameters and interventions.</p> <p>8. Oral intake (if applicable), note diet order, appetite, swallowing difficult.</p> <p>Review of the facility's policy titled "Admission</p>	F 658			

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F 658	Continued From page 9 and Baseline Careplan (BCP) dated 11/2017, indicted the following: Under "Policy": it is the policy of this facility to initiate a care plan on the day of admission to address immediate needs, and develop a baseline care plan (BCP) within the first 48 hours of admission to ensure instructions for person centered care are provided for each resident. In addition, facility will complete and implement a baseline care plan (BCP) within 48 hours of a residents admission which will promote continuity of care and communication among staff, increase resident safety, and safeguard against adverse events that are most like to occur right after admission....."Under Procedure": 1. On the date of initial admission to the facility, the admitting nurse will complete an initial assessment and develop a care plan. (i) This initial admitting plan of care will address the immediate needs of the resident including, but not limited to: (a) safety. 2. this plan of care will be updated as needed until the BCP is developed. The initial admitting plan of care may be incorporated into the BCP. 3. This plan of care will include measurable objectives and interventions to address resident specific care needs.  N.J.A.C: 8:39-27.1(a)	F 658			

## POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 315226	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	Y2	DATE OF REVISIT 8/4/2021	Y3
NAME OF FACILITY HUNTERDON CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1 LEISURE COURT FLEMINGTON, NJ 08822		

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 F0658	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # 483.21(b)(3)(i)	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____	08/04/2021	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** 7/8/2021

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