

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

PRINTED: 08/11/2021  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>315113</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>10/20/2020</b>
NAME OF PROVIDER OR SUPPLIER  <b>CLOVER MEADOWS HEALTHCARE AND REHABILITATION CENTE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>112 FRANKLIN CORNER ROAD</b> <b>LAWRENCEVILLE, NJ 08648</b>		
(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 : 140295				
	CENSUS : 78				
	SAMPLE SIZE : 4				
F 608 SS=D	Reporting of Reasonable Suspicion of a Crime CFR(s): 483.12(b)(5)(i)-(iii)  §483.12(b) The facility must develop and implement written policies and procedures that:  §483.12(b)(5) Ensure reporting of crimes occurring in federally-funded long-term care facilities in accordance with section 1150B of the Act. The policies and procedures must include but are not limited to the following elements. (i) Annually notifying covered individuals, as defined at section 1150B(a)(3) of the Act, of that individual's obligation to comply with the following reporting requirements. (A) Each covered individual shall report to the State Agency and one or more law enforcement entities for the political subdivision in which the facility is located any reasonable suspicion of a crime against any individual who is a resident of, or is receiving care from, the facility. (B) Each covered individual shall report immediately, but not later than 2 hours after forming the suspicion, if the events that cause the suspicion result in serious bodily injury, or not later than 24 hours if the events that cause the suspicion do not result in serious bodily injury. (ii) Posting a conspicuous notice of employee rights, as defined at section 1150B(d)(3) of the Act. (iii) Prohibiting and preventing retaliation, as defined at section 1150B(d)(1) and (2) of the Act. This REQUIREMENT is not met as evidenced	F 608			11/12/20

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

TITLE

(X6) DATE

Electronically Signed

11/06/2020

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 608	<p>Continued From page 1</p> <p>by: COMPLAINT # NJ: 140295</p> <p>Based on interview, review of the Medical records, and other pertinent facility documentation on 10/20/2020, it was determined that the facility failed to immediately report a suspicion of crime that occurred in the facility on 10/8/2020, to the New Jersey Department of Health (NJDOH), for 2 of 4 sampled residents (Resident #1, and Resident #3). This deficient practice is evidenced by the following:</p> <p>1. According to the "Admission Record" (AR), Resident #1 was admitted to the facility on [REDACTED] with diagnoses including but not limited to: [REDACTED]</p> <p>According to the Minimum Data Set (MDS), an assessment tool dated [REDACTED], Resident #1 had a Brief Interview for Mental Status (BIMS) score of [REDACTED], indicating that Resident #1 had [REDACTED]. The MDS document indicated that Resident #1 required minimal staff assistance for Activities of Daily Living (ADLs).</p> <p>Review of Resident #1's Care Plan (CP), revision date 9/18/2020, revealed under "Focus": [REDACTED]. Under "Goal" revealed: The resident will verbalize adequate [REDACTED] or ability to cope with incompletely [REDACTED]. Under "Interventions"</p>	F 608	<p>F585 Reportable Survey 10/20/20</p> <p>How the corrective action will be accomplished for those residents found to be affected by this practice?</p> <p>¿ All staff were in-serviced on reporting policy which includes to immediately report a suspicion of crime that occurred in the facility to the New Jersey Department of Health.</p> <p>How the Facility will identify other residents having the potential to be affected by the same deficient practice?</p> <p>¿ All Residents who may be victim of a crime are affected by this deficient practice</p> <p>What measures will be put in place or what systemic changes will be made to ensure that the deficient practice will not recur?</p> <p>¿ The reporting policy will be reviewed by all new staff upon hire.</p> <p>¿ The Administrator/designee will audit weekly x 4, followed by monthly x2, and then quarterly thereafter, all incidents to ensure reporting policy is being followed and NJDOH is notified when necessary.</p> <p>How the facility will monitor its corrective actions to ensure that the deficient practice will not recur, (e.g., what quality assurance program will be put into place?)</p> <p>¿ The administrator /designee will review any findings of these audits and present them quarterly with the QAPI committee to determine the frequency of</p>		

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F 608	<p>Continued From page 2</p> <p>revealed: Administer [REDACTED] medication as per orders. Give [REDACTED] before treatments or care</p> <p>2. According to the "Admission Record" (AR), Resident #3 was admitted to the facility on [REDACTED], with diagnoses including but 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 that Resident #3 had [REDACTED] and required total assistance with Activities of Daily Living (ADLs).</p> <p>Review of a Reportable Event Record/Report sent to the NJDOH dated [REDACTED] revealed the following: Resident #1's medication was found to have been tampered with. The [REDACTED] was switched with another non-narcotic medication. The police were notified and the tampered medication was removed from the facility and kept as evidence for their investigation.</p> <p>On [REDACTED] RN (Registered Nurse) Supervisor stated that Resident #1 came to her and stated that [REDACTED] had received the wrong medication twice today. He said the medication was not [REDACTED] RN Supervisor looked at the Bingo card and noticed it was a different medication written on the back, [REDACTED] mg (Milligrams). She notified the DON (Director of Nursing), and the MD (Medical Doctor), ....</p> <p>On [REDACTED] The Police were informed and came to the facility to take a report and took the tampered medication for evidence in their investigation.</p> <p>Review of a Reportable Event Record/Report</p>	F 608	future audits/education.		

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F 608	<p>Continued From page 3</p> <p>sent to the NJDOH dated [REDACTED] revealed the following: On [REDACTED] and [REDACTED] All Nursing narcotic boxes were evaluated to assure that no other resident's medications were tampered with. Another resident's (Resident #2) [REDACTED] was noted to have been tampered with. It was found to have a different medication in the [REDACTED] packaging....</p> <p>During an interview on 10/20/2020 at 11:15 a.m., the DON stated that it took so long to report the incident to the NJDOH because "Initially we thought it was a mistake."</p> <p>During an interview on 10/20/2020 at 12:05 p.m., the Administrator stated it took so long to report to the NJDOH because they "thought it was a mistake and the investigation is on going."</p> <p>Review of a facility Policy titled "Reporting Accident/Incidents," did not include reporting suspicion of a crime.</p> <p>NJAC 8:39 43.5(a)2</p>	F 608			