

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 061113	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 06/14/2023
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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE

WATERS EDGE HEALTHCARE & REHAB

**512 UNION STREET
TRENTON, NJ 08611**

(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) COMPLETE DATE
S 000	Initial Comments Complaint #: NJ00158370, NJ00159167 Census: 151 Sample: 4 The facility is not in compliance with the Standards in the New Jersey Administrative Code, Chapter 8:39, Standards for Licensure of Long Term Care Facilities. The facility must submit a plan of correction, including a completion date, for each deficiency and ensure that the plan is implemented. Failure to correct deficiencies may result in enforcement action in accordance with the Provisions of the New Jersey Administrative Code, Title 8, Chapter 43E, Enforcement of Licensure Regulations.	S 000		
S 560	8:39-5.1(a) Mandatory Access to Care (a) The facility shall comply with applicable Federal, State, and local laws, rules, and regulations. This REQUIREMENT is not met as evidenced by: Based on interview and facility document review on June Order 26, 401 NJAC , it was determined that the facility failed to ensure staffing ratios were met to maintain the required minimum staff-to-resident ratios as mandated by the state of New Jersey for 6 of 28 days shifts reviewed. This deficient practice had the potential to affect all residents. Findings include: Reference: New Jersey Department of Health	S 560	1. The shifts not meeting the the staffing ratios did not result in any resident care issues. 2. All residents have the ability to be affected when staffing ratios are not met. 3. Weekly staffing meetings to review open shift needs and upcoming potential issues are in place. These meetings include the staffing coordinator, Director of	8/25/23

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

Electronically Signed

TITLE

(X6) DATE

07/24/23

New Jersey Department of Health

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S 560	<p>Continued From page 1</p> <p>(NJDOH) memo, dated 01/28/2021, "Compliance with N.J.S.A. (New Jersey Statutes Annotated) 30:13-18, new minimum staffing requirements for nursing homes," indicated the New Jersey Governor signed into law P.L. 2020 c 112, codified at N.J.S.A. 30:13-18 (the Act), which established minimum staffing requirements in nursing homes. The following ratio(s) were effective on 02/01/2021:</p> <p>One Certified Nurse Aide (CNA) to every eight residents for the day shift.</p> <p>One direct care staff member to every 10 residents for the evening shift, provided that no fewer than half of all staff members shall be CNAs, and each direct staff member shall be signed in to work as a CNA and shall perform nurse aide duties: and</p> <p>One direct care staff member to every 14 residents for the night shift, provided that each direct care staff member shall sign in to work as a CNA and perform CNA duties.</p> <p>1. For the week of staffing from 10/23/2022 to 10/29/2022, the facility was deficient in CNA staffing for residents on 1 of 7 day shifts as follows:</p> <p>-10/23/22 had 17 CNAs for 148 residents on the day shift, required 18 CNAs.</p> <p>2. For the 2 weeks prior to survey from 05/28/2023 to 06/10/2023, the facility was deficient in CNA staffing for residents on 5 of 14 day shifts as follows:</p> <p>-05/30/23 had 16 CNAs for 144 residents on the day shift, required 18 CNAs.</p>	S 560	<p>Nursing, Assistant Administrator, Human Resources Director, and Lead Nursing Aide.</p> <p>Facility will collaborate with local certified Nursing training schools for potential applicant opportunities. This collaboration will be ongoing anticipating the continued nurse aide staffing challenges.</p> <p>The Human Resources department will perform bi-annual wage surveys of local Skilled Nursing Facilities in the area to assure we remain competitive with wages for our area.</p> <p>Continue to promote facility referral bonus program offered by the facility for staff recruitment. This bonus program is reviewed monthly by the management and corporate staff.</p> <p>The Staffing coordinator will provide weekly reports tracking trends on open positions and staff retention.</p> <p>Exit interviews will be performed by Human Resources to track trends to improve staff retention.</p> <p>Management will continue current Quality Assurance Performance Improvement initiatives with the goal of meeting the facility staffing needs.</p> <p>4. Above reports are reviewed weekly by the Administrator, Assistant Administrator, Director of Nursing, and Human Resources Director. Conclusions and decisions of these meeting are submitted at the quarterly Quality Assurance Performance Improvement meeting. This information will be provided to the Quality Assurance Performance Improvement team for a minimum of two quarterly meetings but will continue quarterly if</p>	

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S 560	<p>Continued From page 2</p> <p>-05/31/23 had 17 CNAs for 144 residents on the day shift, required 18 CNAs.</p> <p>-06/04/23 had 17 CNAs for 145 residents on the day shift, required 18 CNAs.</p> <p>-06/05/23 had 17 CNAs for 145 residents on the day shift, required 18 CNAs.</p> <p>-06/08/23 had 18 CNAs for 149 residents on the day shift, required 19 CNAs.</p> <p>On 06/14/23 at 12:47 PM, the surveyor interviewed the Director of Nursing (DON), Assistant Licensed Nursing Home Administrator (LNHA), and Human Resources Director. The DON stated that the facility aimed for appropriate staffing to meet the regulations. The Assistant LNHA stated the facility was actively recruiting staff and that the facility offered existing staff bonuses to work additional shifts.</p>	S 560	<p>minimum staffing does not meet regulation.</p>	

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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F 000	INITIAL COMMENTS Complaint #: NJ00158370, NJ00159167 Census: 151 Sample Size: 4 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 SURVEY.	F 000			
F 656 SS=D	Develop/Implement Comprehensive Care Plan CFR(s): 483.21(b)(1)(3) §483.21(b) Comprehensive Care Plans §483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following - (i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40; and (ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c)(6). (iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR	F 656		8/15/23	

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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 656	<p>Continued From page 1</p> <p>recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident's medical record.</p> <p>(iv) In consultation with the resident and the resident's representative(s)-</p> <p>(A) The resident's goals for admission and desired outcomes.</p> <p>(B) The resident's preference and potential for future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose.</p> <p>(C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section.</p> <p>§483.21(b)(3) The services provided or arranged by the facility, as outlined by the comprehensive care plan, must-</p> <p>(iii) Exec Order 26, 4b1 NJAC 8:43E-2.1</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Complaint #: NJ00159167</p> <p>Based on interview, record review, and review of other facility documentation, it was determined that the facility failed to develop Exec Order 26, 4b1 NJAC 8:43E-2.1</p> <p>Exec Order 26, 4b1 NJAC 8:43E-2.1 This deficient practice was identified for 1 of 4 residents (Resident #4) reviewed for Exec Order 26, 4b1 NJAC 8:43E-2.1</p> <p>The deficient practice was evidenced by the following:</p> <p>The surveyor reviewed the closed medical record for Exec Order 26, 4b1 NJAC 8:43E-2.1</p>	F 656	<p>1. Exec Order 26, 4b1 NJAC 8:43E-2.1</p> <p>Exec Order 26, 4b1 NJAC 8:43E-2.1</p> <p>2. All residents have the potential to be affected if new treatment orders are not added to the residents care plan.</p> <p>3. Education was provided by the Director of Nursing to the Nurse Leaders regarding facility care plan policy.</p> <p>Nurse Leaders provided in servicing to the Nursing staff on the facility care plan policy.</p> <p>All resident care plans were audited by Nurse Leadership to assure all treatments and interventions were entered on the</p>		

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F 656	<p>Continued From page 2</p> <p>According to the Admission Record, ^{Exec Order 26, 4b1 NJAC 8:43E-2.1} [REDACTED] and was ^{Exec Order 26, 4b1 NJAC 8:43E-2.1} [REDACTED] [REDACTED]</p> <p>The quarterly Minimum Data Set, an assessment tool used to facilitate the management of care, ^{Exec Order 26, 4b1 NJAC 8:43E-2.1} [REDACTED] [REDACTED]</p> <p>^{Exec Order 26, 4b1 NJAC 8:43E-2.1} [REDACTED] [REDACTED]</p> <p>The ^{Exec Order 26, 4b1} Clinical Manager Note indicated, ^{Exec Order 26, 4b1 NJAC 8:43E-2.1} [REDACTED] [REDACTED] [REDACTED]</p> <p>The ^{Exec Order 26, 4b1} Health Status Note indicated, ^{Exec Order 26, 4b1 NJAC 8:43E-2.1} [REDACTED] [REDACTED]</p> <p>The ^{Exec Order 26, 4b1} ^{Exec Order 26, 4b1 NJAC 8:43E-2.1} Note indicated, ^{Exec Order 26, 4b1 NJAC 8:43E-2.1} [REDACTED] [REDACTED]</p>	F 656	<p>individual residents care plans.</p> <p>Weekly random audits will be completed on a minimum of 6 residents to confirm new orders and treatments are addressed in the residents care plan. These audits will be completed by the Nurse Leaders.</p> <p>The Audits will be reviewed the Director of Nursing and the Assistant Director of Nursing for compliance.</p> <p>4. The above audits will be conducted for 6 months unless compliance is not reached for 3 consecutive months. The audits will be performed until this goal is reached.</p> <p>The Director of Nursing will report these results at the Quarterly Quality Meeting.</p>		

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F 656	<p>Continued From page 4</p> <p>Exec Order 26, 4b1 NJAC 8:43E-2.1</p> <p>Review of Exec Order 26, 4b1 NJAC 8:43E-2.1</p> <p>During an interview with the surveyor on 06/14/23 at 1:09 PM, the Licensed Practical Nurse/Unit Manager (LPN/UM) stated that she was the UM when Exec Order 26, 4b1 NJAC 8:43E-2.1 resided at the facility. The LPN/UM stated she Exec Order 26, 4b1 NJAC 8:43E-2.1 from when they were at the facility and she Exec Order 26, 4b1 NJAC 8:43E-2.1</p> <p>The LPN/UM stated that originally the physician thought that Exec Order 26, 4b1 NJAC 8:43E-2.1</p> <p>The LPN/UM stated that Exec Order 26, 4b1 NJAC 8:43E-2.1</p> <p>he LPN/UM stated that Exec Order 26, 4b1 NJAC 8:43E-2.1</p> <p>The LPN/UM stated that the purpose of a Exec Order 26, 4b1 NJAC 8:43E-2.1, what their goal or outcome was, and what Exec Order 26, 4b1 NJAC 8:43E-2.1 the facility would put in place to Exec Order 26, 4b1 NJAC 8:43E-2.1</p> <p>During an interview with the surveyor on 06/14/23 at 1:36 PM, the Director of Nursing (DON) Exec Order 26, 4b1 NJAC 8:43E-2.1</p> <p>During an interview with the surveyor on 06/14/23 at 2:19 PM, the Licensed Nursing Home</p>	F 656			

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F 656	Continued From page 5 Administrator confirmed that [REDACTED] [Exec Order 26, 4b1 NJAC 8:43E-2.1] [REDACTED] During a follow up interview with the surveyor on 06/14/23 at 2:29 PM, the DON stated that the LPN/UM was [REDACTED] [Exec Order 26, 4b1 NJAC 8:43E-2.1] [REDACTED] The facility policy, [REDACTED] [Exec Order 26, 4b1 NJAC 8:43E-2.1] with a reviewed date of [REDACTED] [Exec Order 26, 4b1 NJAC 8:43E-2.1] indicated under the [REDACTED] [Exec Order 26, 4b1 NJAC 8:43E-2.1] [REDACTED]	F 656			
F 842 SS=E	NJAC 8:39-11.2(f). Resident Records - Identifiable Information CFR(s): 483.20(f)(5), 483.70(i)(1)-(5) §483.20(f)(5) Resident-identifiable information. (i) A facility may not release information that is resident-identifiable to the public. (ii) The facility may release information that is resident-identifiable to an agent only in accordance with a contract under which the agent agrees not to use or disclose the information except to the extent the facility itself is permitted to do so. §483.70(i) Medical records. §483.70(i)(1) In accordance with accepted professional standards and practices, the facility must maintain medical records on each resident that are- (i) Complete; (ii) Accurately documented; (iii) Readily accessible; and	F 842		8/15/23	

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F 842	<p>Continued From page 6</p> <p>(iv) Systematically organized</p> <p>§483.70(i)(2) The facility must keep confidential all information contained in the resident's records, regardless of the form or storage method of the records, except when release is-</p> <p>(i) To the individual, or their resident representative where permitted by applicable law;</p> <p>(ii) Required by Law;</p> <p>(iii) For treatment, payment, or health care operations, as permitted by and in compliance with 45 CFR 164.506;</p> <p>(iv) For public health activities, reporting of abuse, neglect, or domestic violence, health oversight activities, judicial and administrative proceedings, law enforcement purposes, organ donation purposes, research purposes, or to coroners, medical examiners, funeral directors, and to avert a serious threat to health or safety as permitted by and in compliance with 45 CFR 164.512.</p> <p>§483.70(i)(3) The facility must safeguard medical record information against loss, destruction, or unauthorized use.</p> <p>§483.70(i)(4) Medical records must be retained for-</p> <p>(i) The period of time required by State law; or</p> <p>(ii) Five years from the date of discharge when there is no requirement in State law; or</p> <p>(iii) For a minor, 3 years after a resident reaches legal age under State law.</p> <p>§483.70(i)(5) The medical record must contain-</p> <p>(i) Sufficient information to identify the resident;</p> <p>(ii) A record of the resident's assessments;</p> <p>(iii) The comprehensive plan of care and services provided;</p>			F 842			

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F 842	<p>Continued From page 7</p> <p>(iv) The results of any preadmission screening and resident review evaluations and determinations conducted by the State;</p> <p>(v) Physician's, nurse's, and other licensed professional's progress notes; and</p> <p>(vi) Laboratory, radiology and other diagnostic services reports as required under §483.50.</p> <p>Exec Order 26, 4b1 NJAC 8:43E-2.1</p> <p>by:</p> <p>Complaint #: NJ00158370</p> <p>Based on interviews, medical record review, and review of other pertinent facility documents, it was determined that the facility staff failed to consistently document on the "Documentation Survey Report" (DSR) the Activities of Daily Living (ADL) status and care provided to the residents according to the facility policy and protocol for 4 of 4 residents Exec Order 26, 4b1 NJAC 8:43E-2.1 reviewed for documentation.</p> <p>This deficient practice was evidenced by the following:</p> <p>1. According to the Admission Record (AR), Exec Order 26, 4b1 NJAC 8:43E-2.1 was Exec Order 26, 4b1 NJAC 8:43E-2.1, with Exec Order 26, 4b1 NJAC 8:43E-2.1</p> <p>The quarterly Minimum Data Set (MDS), an assessment tool used to facilitate the management of care, dated Exec Order 26, 4b1 NJAC 8:43E-2.1, revealed a Exec Order 26, 4b1 NJAC 8:43E-2.1</p> <p>The MDS also indicated the Exec Order 26, 4b1 NJAC 8:43E-2.1</p>	F 842	<p>1. Exec Order 26, 4b1 NJAC 8:43E-2.1 were assessed by Nursing staff to assure all care needs were being met and documented on in activities of daily living portion in the electronic health record.</p> <p>Exec Order 26, 4b1 NJAC 8:43E-2.1</p> <p>2. All residents have the potential to be affected if complete and accurate documentation is not reflected in the medical record.</p> <p>3. In servicing education to Nursing and Nurse Aides was provided by Nurse Leadership emphasizing documentation requirements in the electronic health record.</p> <p>Weekly audits of 15 residents will be completed by the Assistant Director of Nursing and or designee to confirm activity of daily living documentation is completed and accurate. These audits will include all shift documentation.</p> <p>The ongoing Quality Assurance Performance Improvement Plan related to activities of daily living documentation will remain in place.</p> <p>Facility will continue to assess need and purchase of portable documentation pads</p>		

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F 842	Continued From page 8 Exec Order 26, 4b1 NJAC 8:43E-2.1 [REDACTED] A quality-of-life Care Plan (CP), initiated on Exec Order 26, 4b1 NJAC 8:43E-2.1 included that [REDACTED] [REDACTED] [REDACTED] Review of Exec Order 26, 4b1 NJAC 8:43E-2.1 (ADL Record) and the progress notes (PN) for the months of Exec Order 26, 4b1 NJAC 8:43E-2.1 and Exec Order 26, 4b1 NJAC 8:43E-2.1 lacked any documentation to indicate that Exec Order 26, 4b1 NJAC 8:43E-2.1 [REDACTED] [REDACTED] Exec Order 26, 4b1 NJAC 8:43E-2.1 [REDACTED] [REDACTED] [REDACTED] [REDACTED] 2. According to the AR, Exec Order 26, 4b1 NJAC 8:43E-2.1 was Exec Order 26, 4b1 NJAC 8:43E-2.1 on Exec Order 26, 4b1 NJAC 8:43E-2.1 with Exec Order 26, 4b1 NJAC 8:43E-2.1 that included but were not limited to Exec Order 26, 4b1 NJAC 8:43E-2.1 [REDACTED] [REDACTED] The annual MDS, dated Exec Order 26, 4b1 NJAC 8:43E-2.1 , revealed a Exec Order 26, 4b1 NJAC 8:43E-2.1 The MDS also indicated the Exec Order 26, 4b1 NJAC 8:43E-2.1 extensive to total Exec Order 26, 4b1 NJAC 8:43E-2.1	F 842	in an effort to assist staff compliance. Administration created Lead Certified Nursing Assistant position whose duties include but not limited to training of new employees and auditing of activities of daily living documentation. 4. The audits being performed will continue for a minimum of 6 months unless compliance is not reached for a minimum of 3 consecutive months. The audits will continue until this goal is reached. The Director of Nursing shall report the findings of the above audits at the Quarterly Quality Assurance Meetings.		

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F 842	<p>Continued From page 9</p> <p>Exec Order 26, 4b1 NJAC 8:43E-2.1</p> <p>A quality-of-life CP, initiated on Exec Order 26, 4b1 included that Exec Order 26, 4b1 NJAC 8:43E-2.1</p> <p>Exec Order 26, 4b1 NJAC 8:43E-2.1</p> <p>Review of Exec Order 26, 4b1 NJAC 8:43E-2.1 DSR and the PN for the months of Exec Order 26, 4b1 and Exec Order 26, 4b1 lacked any documentation to indicate that Exec Order 26, 4b1 NJAC 8:43E-2.1</p> <p>Exec Order 26, 4b1 NJAC 8:43E-2.1</p> <p>Exec Order 26, 4b1 NJAC 8:43E-2.1</p> <p>3. According to the AR, Exec Order 26, 4b1 NJAC 8:43E-2.1 was Exec Order 26, 4b1 on Exec Order 26, 4b1, with Exec Order 26, 4b1 NJAC 8:43E-2.1 that included but were not limited to Exec Order 26, 4b1 NJAC 8:43E-2.1 with Exec Order 26, 4b1 NJAC 8:43E-2.1</p> <p>The annual MDS, dated Exec Order 26, 4b1, revealed a Exec Order 26, 4b1 NJAC 8:43E-2.1</p> <p>Exec Order 26, 4b1 The MDS also indicated Exec Order 26, 4b1 NJAC 8:43E-2.1 extensive to Exec Order 26, 4b1 NJAC 8:43E-2.1</p>	F 842			

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F 842	<p>Continued From page 10</p> <p>A preferences CP, initiated on [redacted] included that the [redacted] was [redacted] on staff for [redacted] Exec Order 26, 4b1 NJAC 8:43E-2.1</p> <p>Review of [redacted] DSR and the PN for the months of [redacted] and [redacted] lacked any documentation to indicate that the [redacted]</p> <p>Exec Order 26, 4b1 NJAC 8:43E-2.1</p> <p>4. According to the AR, [redacted] was initially [redacted] the facility on [redacted] and was readmitted to the facility [redacted] with diagnoses that included but were not limited to [redacted] Exec Order 26, 4b1 NJAC 8:43E-2.1</p> <p>The quarterly MDS, dated [redacted], revealed that the [redacted] Exec Order 26, 4b1 NJAC 8:43E-2.1</p> <p>The MDS also indicated the [redacted] Exec Order 26, 4b1 NJAC 8:43E-2.1</p> <p>A quality-of-life CP, initiated on [redacted] and revised on [redacted] included that the resident was [redacted] Exec Order 26, 4b1 NJAC 8:43E-2.1</p>	F 842			

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F 842	<p>Continued From page 12</p> <p>During an interview with the surveyor on Exec Order 26, 401 at Exec Order 26, 401, the Licensed Practical Nurse (LPN) #1 stated that ADL care was documented in the resident's electronic medical record and that each CNA had assigned documentation every shift. LPN #1 stated that ADL care should be documented every shift and that the purpose is to see that the care was done.</p> <p>During an interview with the surveyor on Exec Order 26, 401 at Exec Order 26, 401 the Licensed Practical Nurse/ Unit Manager (LPN/UM) stated that the CNAs on her unit were able to provide ADL care to all their assigned residents. The LPN/UM stated that the purpose of documenting ADL care was to document that care was indeed provided. The LPN/UM continued that the CNA, the nurse, and herself as the Unit Manager were all responsible to make sure that the documentation was completed.</p> <p>During an interview with the surveyor on Exec Order 26, 401 at Exec Order 26, 401, the Director of Nursing (DON) stated that she recognized that there were a lot of undocumented "blank" spaces on the resident's ADL sheets. The DON stated that her expectation was for "a hundred percent" completeness.</p> <p>During an exit conference on Exec Order 26, 401 at Exec Order 26, 401, the surveyor expressed her concern to the Licensed Nursing Home Administrator (LNHA), DON, and Assistant LNHA. No additional information was provided.</p> <p>Review of the facility's Job Description for Certified Nurse's Aide revealed under the "Administrative Functions" section, "Accurately record all entries in the electronic medical records</p>	F 842			

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F 842	Continued From page 13 system throughout the shift." Review of the facility policy, "Charting and Documentation" dated [REDACTED] revealed under the "Policy Statement" section, "All services provided to the resident, progress toward the care plan goals, or any changes in the resident's medical, physical, functional or psychosocial condition, shall be documented in the resident's medical record." NJAC 8:39-35.2 (d)(6).	F 842			