STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING ____ B. WING ____	(X3) DATE SURVEY COMPLETED
	315305		C 07/06/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SPRING CREEK HEALTHCARE CENTER	1 LINDBERGH AVENUE PERTH AMBOY, NJ 08861

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F 000	INITIAL COMMENTS	F 000		
	COMPLAINT#: NJ149184, NJ154858 CENSUS: 114 SAMPLE SIZE: 3 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.			
F 656 SS=D	Develop/Implement Comprehensive Care Plan CFR(s): 483.21(b)(1) §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		8/15/22

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Electronically Signed		08/07/2022

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	Continued From page 1 recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident's medical record. (iv)In consultation with the resident and the resident's representative(s)- (A) The resident's goals for admission and desired outcomes. (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. (C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section. This REQUIREMENT is not met as evidenced by: C#: NJ149184 Based on interviews, review of the medical record review, and review of other pertinent facility documents on 07/5/2022 and 07/6/2022, it was determined that the facility failed to implement Care Plan (CP) interventions, follow the Registered Dietician's (RD) recommendations for weekly weights, and failed to follow its policies titled "Weight Assessment and Intervention" and "Care Plans, Comprehensive, Person-Centered." This deficient practice was identified for [redacted] residents (Resident #2) and was evidenced by the following: A review of the closed Medical Record was as follows:	F 656	1. Cannot retroactively correct the deficient practice as it pertains to Resident #2 since (s)he no longer resides at the facility. 2. All residents are at risk to be affected by deficient practice. 3. All nursing staff were re-educated on the facility polices for care plans, weight assessment and intervention, and following dietitian recommendations. Registered dietitian or designee will audit care plans for all residents that have weekly weights as a order. 4. Registered dietitian or designee will audit the care plans for [redacted] residents with a substantial weight loss or gain weekly for 4 weeks, then monthly for 3 months, to verify care plan accuracy. Registered dietitian or designee will audit the charts for 2 residents with a weekly	

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F 656	Continued From page 2 According to an untitled Admission form, "Resident #2 was admitted to the facility on [redacted] readmitted on [redacted] and discharged on [redacted], with diagnoses which included, [redacted] According to the Minimum Data Set (MDS), an assessment tool dated [redacted], Resident #2 had [redacted] and [redacted] and had [redacted] for [redacted]. The MDS also showed Resident #2 needed assistance with Activities of Daily Living (ADLs). A review of the "Nursing Evaluation/Data Collection" form for Resident #2's readmission dated [redacted], written by the Registered Nurse (RN #1), revealed a readmission weight of [redacted] (pounds) and an active diagnosis of [redacted] and [redacted]. A review of the "Weight Record 2021" for Resident #2 revealed the following monthly weights: January: [redacted] (pounds) and February, Admit/Readmit (Admission/Readmission) dated [redacted] (pounds). However, there was no documentation for weekly weights noted. A review of Resident #2's Care Plan (CP) revealed Under "Problem/Need": dated [redacted] revealed that (Resident #2) has a history of [redacted] problems. Under "Goal": showed (Resident #2) weight will show a slow gain [redacted] lbs (pounds) per week x [redacted] days, meal intake will be > (greater than) [redacted] (percent) x [redacted] days.	F 656	weight order weekly for 4 weeks, then monthly for 3 months, to verify that the registered dietitian's recommendations are being followed. 5. Findings will be presented by LNHA at quarterly QAPI meeting.	

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F 656	Continued From page 3 Under "Interventions": indicated Give [redacted] (calorie) as Rx (prescribed) QID (four times a day), Assist with tray set up, Dietary supplements as RX, Encourage meal completion, diet alert as needed, speech/Language screen as needed... A review of the "Dietary Alert Sheet (DAS)" for Resident #2 dated [redacted], written by the RD, revealed the Resident's weight as [redacted] (pounds); the appropriate problem was poor appetite needs assistance with meals, and that the [redacted] was [redacted] The DAS also revealed the RD's recommendation was to include weekly weights. A review of the Progress Notes (PNs) for Resident #2 dated [redacted] through [redacted] revealed no documentation that the Resident weight was obtained. During an interview on 07/5/2022 at 11:45 a.m., the RD stated I wrote the diet recommendations and gave them to the nurse. The nurse then notifies the doctor (Physician), the family, and the Speech Therapist. During an interview on 07/5/2022 at 1:30 p.m., the Certified Nursing Assistant (CNA) who cared for Resident #2 stated she did not remember if Resident #2 had weekly weights done. She said the CNAs weighed the residents, and the weights were documented on the weight book. During an interview on 7/6/2022 at 11:23 a.m., when asked by the Surveyor what was the purpose of the residents' CP, the Director of Nursing (DON) stated the purpose of the CP was to make sure the nurse and the aide (Certified Nursing Assistant) (CNA) know how to take care of the patients (residents). She stated Resident	F 656		

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F 656	Continued From page 4 #2 should have had weekly weights done and documentated. During an interview on 07/6/2022 at 10:24 a.m., the Registered Dietician (RD) stated Resident #2 should have had weekly weights done. Both of the Physicians who cared for Resident #2 were not available for an interview at the time of the survey. At the time of the survey, the facility failed to provide evidence to the Surveyor that the CP was implemented for the months of [redacted] and [redacted] for Resident #2's weekly weights. A review of the facility policy titled "Weight Assessment and Intervention" with a revised date of 12/2021 revealed Under "Policy," included: "The multidisciplinary team will strive to prevent, monitor, and intervene for undesirable weight loss for our residents." Under "Policy Interpretation and Implementation" included: "Weight Assessment": "1. The nursing staff will measure resident weights on admission and weekly for at least 2 weeks thereafter ... A review of the policy titled "Care Plans, Comprehensive, Person-Centered" with a reviewed/revised date of 12/2021 revealed Under "Policy" included: "A comprehensive, person-centered care plan that includes measurable objectives and timetables to meet the Resident's physical, psychosocial and functional needs is developed and implemented for each Resident. "Under "Policy Interpretation and Implementation" included "...13. Assessments of residents are ongoing and care plans are revised as information about the residents and the	F 656		

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F 656	Continued From page 5 residents' conditions change. 14. The Interdisciplinary Team must review and update the care plan: a. When there has been a significant change in the Resident's condition; ...c. When the Resident has been readmitted to the facility from a hospital stay; ..."	F 656		
F 658 SS=D	N.J.A.C. 8:39-27.1 (a) 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: C#: NJ149184 Based on interviews, review of the medical record reviews, and review of other pertinent facility documents on 07/5/2022 and 07/6/2022, it was determined that the facility failed to follow a Physician's Order for weekly weights and failed to follow its policies titled "Charting and Documentation," "Weight Assessment and Intervention" and "3.0 Physician Order System." This deficient practice was identified for [redacted] (Resident #2) and was evidenced by the following: A review of the closed Medical Record (MR) was as follows:	F 658	1. Cannot retroactively correct the deficient practice as it pertains to Resident #2 since (s)he no longer resides at the facility. 2. All residents are at risk to be affected by deficient practice. 3. All nursing staff were re-educated on the facility polices for charting and documentation, and physician orders. 4. Registered dietitian or designee will audit the charts for 2 residents with a weekly weight order weekly for 4 weeks, then monthly for 3 months, to verify that the physician's orders for weekly weights are being followed and documented in the residents' chart. 5. Findings of review will be presented by LNHA at quarterly QAPI meeting.	8/15/22

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F 658	Continued From page 6 According to an untitled Admission form, "Resident #2 was admitted to the facility on [redacted], readmitted on [redacted] and discharged on [redacted], with diagnoses which included, [redacted] According to the Minimum Data Set (MDS), an assessment tool dated [redacted] Resident #2 had [redacted] and [redacted] [redacted] and had [redacted] for [redacted]. The MDS also showed Resident #2 needed assistance with Activities of Daily Living (ADLs). A review of the "Physician's Order Form (POF)" dated [redacted] revealed Resident #2 had the following Physician's Order (PO's), Under "Other Orders," "Weight": Weekly weights ([redacted] ([redacted]) on (7-3) (7:00 a.m.-3:00 p.m.) shift, dated [redacted] A review of the Treatment Record (TR) dated [redacted] for Resident #2 revealed no weekly weights were documented. However, the TR showed the weights were documented in the weight book. A review of the "Weight Record 2021" for Resident #2 revealed the following monthly weights: [redacted] (pounds) and [redacted], Admit/Readmit (Admission/Readmission) dated [redacted] (pounds). However, there was no documentation for weekly weights noted. At the time of the survey, the facility could not	F 658		

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F 658	Continued From page 7 provide the weight book and had no evidence that weekly weights were done for Resident #2, according to the PO's. A review of the Progress Notes (PNs) for Resident #2 dated [redacted] through [redacted] revealed no documentation that the Resident weight was obtained. During an interview on 07/5/2022 at 1:30 p.m., the Certified Nursing Assistant (CNA) who cared for Resident #2 stated she did not remember if Resident #2 had weekly weights done. She said the CNAs weighed the residents, and the weights were documented on the weight book. During an interview on 07/6/2022 at 10:24 a.m., the Registered Dietician (RD) stated Resident #2 should have had weekly weights done. During an interview on 07/6/2022 at 11:23 a.m., the Director of Nursing (DON) stated Resident #2 should have had weekly weights done and documented. A review of a facility policy titled "Charting and Documentation" with a revised date of 12/2021 revealed the following: Under "Policy Statement": "Services provided to the Resident, progress toward the care plan goals, or any changed in the Resident's medical, physical, functional or psychosocial condition, shall be documented in the Resident's medical record. The medical record should facilitate communication between the interdisciplinary team regarding the Resident's condition and response to care." Under "Policy Interpretation and Implementation": "1. Documentation in the medical record may be electronic, manual or a combination. 2. The	F 658		

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F 658	Continued From page 8 following information is to be documented in the resident medical record: ... c. Treatments or services performed; ...d. Changes in the Resident's condition; ... 3. Documentation in the medical record will be ... complete, and accurate ..." A review of the facility policy titled "Weight Assessment and Intervention" with a revised date of 12/2021 revealed the following: Under "Policy" included: "The multidisciplinary team will strive to prevent, monitor, and intervene for undesirable weight loss for our residents." Under "Policy Interpretation and Implementation" included: "Weight Assessment": "1. The nursing staff will measure resident weights on admission, and weekly for at least 2 weeks thereafter ...2. Weights will be recorded in each unit's Weight Record chart or notebook and in the individual's medical record. 3. Any weight change of 5% or more since the last weight assessment will be retaken for confirmation. If the weight is verified, nursing will immediately notify the Dietician in writing. 4. The Dietitian will review the unit Weight Record by the 15th of the month to follow individual weight trends overtime. Negative trends will be evaluated by the treatment team whether or not the criteria for "significant" weight change has been met. 5. The threshold for significant unplanned and undesired weight loss will be based on the following criteria [where percentage of body weight loss = (usual weight-actual weight)/(usual weight) x 100]: a. 1 month -5% weight loss is significant; greater than 5% is severe ..." A review of the facility policy titled "3.0 Physician Order System" with a revised dated of February 2018 revealed the following: Under "Procedure"	F 658		

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F 658	Continued From page 9 included: "A. Physicians Order Sheets (POS) for new/re-admissions: 1. New or Re-admissions -handwrite all orders utilizing your pre-printed admission POS ...J. Complete, diet, treatment and medication orders including corresponding diagnoses ...3. All information should be printed legibly on the POS ...B. Daily order changes/new orders: 1. All new orders, discontinued orders or changes ... should be written on a telephone order sheet and sent to the pharmacy via fax on a daily basis ...2. New orders should always be complete and explicit ....3. When an order is to be discontinued, a specific d/c order should be written ...D. Receiving and Editing Monthly Physician Order Sheets 1. Starting from the previous month's POS, or admission POS, check that all new orders, changes, or discontinued orders from the telephone orders have been made. 2. If orders have been discontinued or changed, they must be changed not only on the POS, but also the medication and treatment sheets ...After auditing, the nurse will sign and date the bottom of the order sheet under "Reviewed By". 4. After initial review any new, d/c or changed order should be done as the procedure above for the current month's order, and also written on the new set of POS, MAR (Medication Administration Record) & TAR (Treatment Administration Record)..." N.J.A.C. 8:39-27.1 (a)	F 658		