

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

PRINTED: 08/02/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315180	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 06/06/2022
NAME OF PROVIDER OR SUPPLIER ALAMEDA CENTER FOR REHABILITATION AND HEALTHCARE			STREET ADDRESS, CITY, STATE, ZIP CODE 303 ELM STREET PERTH AMBOY, NJ 08861		
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F 000	INITIAL COMMENTS Complaint #: NJ00150938, NJ00152256, NJ00154212, NJ00154912 Census: 226 Sample size: 5 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.	F 000			
F 837 SS=C	Governing Body CFR(s): 483.70(d)(1)(2) §483.70(d) Governing body. §483.70(d)(1) The facility must have a governing body, or designated persons functioning as a governing body, that is legally responsible for establishing and implementing policies regarding the management and operation of the facility; and §483.70(d)(2) The governing body appoints the administrator who is- (i) Licensed by the State, where licensing is required; (ii) Responsible for management of the facility; and (iii) Reports to and is accountable to the governing body. This REQUIREMENT is not met as evidenced by: Complaint # NJ00154212, NJ00154912	F 837	1. The following corrective action has been completed for the identified deficiency: - There were no negative outcomes related to missing ADL documentation for		7/19/22

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

TITLE

(X6) DATE

Electronically Signed

06/15/2022

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 837	<p>Continued From page 1</p> <p>Based on interviews, and record review, as well as review of pertinent facility documentation on 6/3/22 and 6/6/22, it was determined that the facility failed to consistently implement their policy on Charting and Documentation for 4 of 5 residents (Resident #1, #2, #3, and #5) reviewed for documentation. 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 that included but were not limited to: [REDACTED] and [REDACTED]</p> <p>The Minimum Data Set (MDS) an assessment tool dated [REDACTED], Resident #1's cognition was [REDACTED] and required extensive assistance from staff with Activities of Daily Living (ADLs).</p> <p>The "Documentation Survey Report v2 [Version 2] (DSR)" for the month of [REDACTED] and [REDACTED], and the progress notes (PN) showed no documented evidence by staff was completed about Resident #1 assistance with ADLs on the following dates and shifts which was not according to their policy:</p> <p>On Toilet Use: During 7:00 am-3:00 pm shift on 12/23/21 to 12/26/21, 12/28/21 to 12/31/21, 1/1/22 to 1/5/22, and 1/7/22 to 1/8/22. During 3:00 pm-11:00 pm shift on 12/23/21 to 12/31/21 and 1/1/22 to 1/8/22. During 11:00 pm-7:00 am shift on 12/25/21 to 12/26/21, 12/28/21, 12/31/21, and 1/4/22 to 1/5/22.</p> <p>2. According to the AR, Resident #2 was admitted to the facility on [REDACTED], with diagnoses that</p>	F 837	<p>the identified residents #1, #2, #3 and #5.</p> <p>2. All residents who receive care in the facility have the potential to be affected by the deficient practice.</p> <p>3. The following measures have been put into place to prevent the deficient practice from recurring:</p> <ul style="list-style-type: none"> - All Certified Nurse's Aides were re-educated on the facility policy for ADL documentation. - The Director of Nursing or Designee will complete audits to ensure that ADL documentation is being completed each shift. 4. The Director of Nursing or designee will randomly audit 10 resident's ADL documentation 2x weekly on different shifts for 90 days. The findings will be reported to the QAPI committee for 3 months. The QAPI committee will determine if audits need to be continued further based on the results on the audits. 		

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F 837	<p>Continued From page 2</p> <p>included but were not limited to: [REDACTED]</p> <p>The MDS dated [REDACTED], Resident #2's cognition was [REDACTED] and required supervision assistance from staff with ADLs.</p> <p>The Care Plan (CP) dated [REDACTED], showed that Resident #2 had ADL self-care performance deficit.</p> <p>The DSR and the PNs for the month of [REDACTED] through [REDACTED] showed no documented evidence completed by the staff about Resident #2 was provided assistance with ADL on the following dates and shifts which was not according to their policy.</p> <p>On Toilet Use: During 7:00 am - 3:00 pm shift on 11/1/21 through 11/25/21, 12/5/21, 12/7/21, 12/8/21, and 12/10/21 to 12/12/21. During 3:00 pm-11:00 pm shift on 11/2/21 through 11/11/21, 11/17 to 11/15/21, 11/17/21 to 11/25/21, and 12/6/21 to 12/12/21. During 11:00 pm-7:00 am shift on 11/2/22 through 11/8/22, 11/10/21 to 11/14/21, 11/17/21 to 11/25/21, and 12/8/21 to 12/12/21.</p> <p>3. According to the AR, Resident #3 was admitted to the facility on [REDACTED], with diagnoses that included but were not limited to: [REDACTED], and [REDACTED].</p> <p>The MDS dated [REDACTED], Resident #3's cognition was [REDACTED] and required total assistance from staff with ADL.</p> <p>The CP dated [REDACTED], showed that Resident #3</p>	F 837			

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F 837	<p>Continued From page 3</p> <p>was dependent to staff for meeting physical needs.</p> <p>The DSR and the PNs for the month of [REDACTED] to [REDACTED] showed no documented evidence by staff was completed about Resident #3 assistance with ADL on the following dates and shifts which was not according to their policy.</p> <p>On Toilet Use: During 7:00 am-3:00 pm shift on 5/4/22 through 5/31/22, and 6/1/22 to 6/5/22. During 3:00 pm-11:00 pm shift on 5/5/22 to 5/7/22, 5/16/22 to 5/21/22, 5/23/22 to 5/26/22 and 6/2/22 to 6/4/22. During 11:00 pm-7:00 am shift on 5/4/22 through 5/11/22, 5/14/22 to 5/16/22, 5/28/22 to 5/31/22, and 6/3/22 to 6/5/22.</p> <p>4. According to the AR, Resident #5 was admitted to the facility on [REDACTED], with diagnoses that included but were not limited to: [REDACTED] and [REDACTED]</p> <p>The MDS dated 3/8/22, Resident #5's cognition was [REDACTED] and required total assistance from staff with ADL.</p> <p>The CP dated [REDACTED], showed that Resident #5 had ADL self-care performance deficit.</p> <p>The DSR and the PNs for the month of [REDACTED] to [REDACTED] showed no documented evidence by staff was completed about Resident #5 assistance with ADL on the following dates and shifts which was not according to their policy.</p> <p>On Toilet Use:</p>	F 837			

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F 837	<p>Continued From page 4</p> <p>During 7:00 am - 3:00 pm shift on 5/5/22 to 5/7/22, 5/20/22 to 5/25/22, 5/27/22 to 5/30/22, and 6/3/22.</p> <p>During 3:00 pm-11:00 pm shift on 5/1/22 to 5/31/22, and 6/1/22 to 6/5/22.</p> <p>During 11:00 pm-7:00 am shift on 5/1/22 to 5/6/22, 5/10/22 to 5/16/22, 5/18/22 to 5/31/22, and 6/1/22 to 6/5/22.</p> <p>The surveyor conducted an interview with Certified Nursing Assistant (CNA #1) on 5/12/22 at 3:45 pm. The CNA stated that CNAs should document care provided to the Resident to indicate that it was done.</p> <p>The surveyor conducted an interview with the Unit Managers (UM #1 and #2) 6/6/22 from 9:15 am to 11:15 am. The UM #1 and #2 stated that CNAs should document, and the UMs should ensure that they document to indicate that the care was provided to the residents.</p> <p>The Job Description for UM, undated, showed "A professional nurse employed to supervise the total nursing activities of the assigned unit around the clock. To ensure that each patient receives...proper care to prevent decubitus ulcers and deformities, and is kept comfortable, clean, well groomed...The Unit Manager serves as a liaison between all other department...Directly supervises staff nurses to ensure their completion of duties as well as the direct supervision of CNA's..."</p> <p>The facility's policy titled "Activities of Daily Living (ADLs)" revised on 5/2022, showed "Documentation: 1. Certified Nursing Assistant...will complete documentations in the CNA Point of Care for ADL care provided..."</p>	F 837			

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