

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

PRINTED: 03/03/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315214	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/11/2021
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NAME OF PROVIDER OR SUPPLIER ARISTACARE AT CEDAR OAKS	STREET ADDRESS, CITY, STATE, ZIP CODE 1311 DURHAM AVENUE SOUTH PLAINFIELD, NJ 07080
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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>A COVID-19 Focused Infection Control Survey was conducted by the New Jersey Department of Health. The facility was found not to be in compliance with 42 CFR §483.80 infection control regulations, but had implemented the CMS and Centers for Disease Control and Prevention (CDC) recommended practices to prepare for COVID-19.</p> <p>Survey Date: 01/07/2020, 01/08/2020, and 01/11/2021</p> <p>Census: 186</p>	F 000		
F 883 SS=D	<p>Influenza and Pneumococcal Immunizations CFR(s): 483.80(d)(1)(2)</p> <p>§483.80(d) Influenza and pneumococcal immunizations §483.80(d)(1) Influenza. The facility must develop policies and procedures to ensure that-</p> <ul style="list-style-type: none"> (i) Before offering the influenza immunization, each resident or the resident's representative receives education regarding the benefits and potential side effects of the immunization; (ii) Each resident is offered an influenza immunization October 1 through March 31 annually, unless the immunization is medically contraindicated or the resident has already been immunized during this time period; (iii) The resident or the resident's representative has the opportunity to refuse immunization; and (iv) The resident's medical record includes documentation that indicates, at a minimum, the following: <ul style="list-style-type: none"> (A) That the resident or resident's representative was provided education regarding the benefits 	F 883		2/9/21

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 01/26/2021
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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 883	<p>Continued From page 1 and potential side effects of influenza immunization; and</p> <p>(B) That the resident either received the influenza immunization or did not receive the influenza immunization due to medical contraindications or refusal.</p> <p>§483.80(d)(2) Pneumococcal disease. The facility must develop policies and procedures to ensure that-</p> <p>(i) Before offering the pneumococcal immunization, each resident or the resident's representative receives education regarding the benefits and potential side effects of the immunization;</p> <p>(ii) Each resident is offered a pneumococcal immunization, unless the immunization is medically contraindicated or the resident has already been immunized;</p> <p>(iii) The resident or the resident's representative has the opportunity to refuse immunization; and</p> <p>(iv) The resident's medical record includes documentation that indicates, at a minimum, the following:</p> <p>(A) That the resident or resident's representative was provided education regarding the benefits and potential side effects of pneumococcal immunization; and</p> <p>(B) That the resident either received the pneumococcal immunization or did not receive the pneumococcal immunization due to medical contraindication or refusal.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review, interview, and policy review, it was determined the facility failed to administer a [REDACTED] after signed consent was obtained for one (Resident #10) of five sampled residents reviewed for [REDACTED] and [REDACTED] immunizations. This had the</p>	F 883	<p>Corrective Action:</p> <p>Resident #10 just completed the second dose of [REDACTED] vaccination. Resident #10 will receive the [REDACTED] immunization as soon as the immunization is no longer contraindicated</p>		

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F 883	<p>Continued From page 2</p> <p>potential to affect all residents who were not current on their [REDACTED] vaccinations.</p> <p>Findings included:</p> <p>1. Resident #10's admission date was [REDACTED].</p> <p>The resident's electronic health record (EHR) contained a "[REDACTED] Vaccine" consent form. The resident had consented to receive the [REDACTED] vaccination on [REDACTED]. There was no evidence in the EHR which indicated the resident had received the [REDACTED] vaccine since giving consent on [REDACTED].</p> <p>On 01/11/2021 at 9:29 AM, the Director of Nursing (DON) was asked if the resident received the [REDACTED] vaccination after signing the consent form on [REDACTED]. She stated, "No." When asked if the resident should have received the vaccine after the consent form was signed, the DON stated, "Yes."</p> <p>The facility's "[REDACTED] Vaccine Guidelines," dated 10/12/2020, indicated: "...All residents will be offered the [REDACTED] vaccine) to aid in preventing [REDACTED] infections (e.g., [REDACTED])...A signed consent form will be obtained and placed in the Resident's record prior to administration of the vaccine..."</p> <p>New Jersey Administrative Code § 8:39-19.4(i)</p>	F 883	<p>after four weeks from receiving the second [REDACTED] vaccination.</p> <p>Potential to Affect: All residents have the potential to be affected. The Director of Nursing or designee will complete an audit of current residents to ensure anyone consenting to a vaccine obtained the vaccine.</p> <p>Systemic change: Staff were in-serviced to ensure that each resident is offered a [REDACTED] immunization. Once consent and physician order has been obtained, vaccination will be administered per physicians order. Upon admission, immunization consents will be obtained.</p> <p>Monitoring: The Director of Nursing or designee will complete an audit of new admissions to ensure that residents that consented for vaccines obtained the vaccination following the appropriate physician orders. They will complete this audit monthly for three months. The results of these audits will be reviewed at the monthly Quality Assurance Steering Committee. Following the three months, the committee will determine the future need/ frequency of the audit.</p>