

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 061217	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 04/27/2023
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NAME OF PROVIDER OR SUPPLIER COMPLETE CARE AT MADISON, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 625 STATE HIGHWAY 34 MATAWAN, NJ 07747
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S 000	Initial Comments Complaint #: NJ00154623, NJ00155157, NJ00157573, NJ00157650, NJ00158005, NJ00158179, NJ00159719, NJ00160722, NJ00162652, NJ00163141, and NJ00163368. Survey Dates: 04/24/23 - 04/27/23 Survey Census: 132 Sample Size: 31 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: Complaint # : NJ155157, NJ157650, NJ155157, NJ157650 Based on facility document review on 4/28/2023, it was determined that the facility failed to ensure staffing ratios were met to maintain the required	S 560	1. No residents were identified 2.. The deficient practice has the potential to affect all residents residing in the facility.	5/20/23

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

Electronically Signed

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05/19/23

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S 560	<p>Continued From page 1</p> <p>minimum staff-to-resident ratios as mandated by the state of New Jersey for 82 of 91-day shifts reviewed. This deficient practice had the potential to affect all residents.</p> <p>Findings include:</p> <p>Reference: New Jersey Department of Health (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 as 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. One direct care staff member to every 10 residents for the evening shift, provided that no fewer of all staff members shall be CNAs and each direct staff member shall be signed into work as a certified nurse aide and shall perform nurse aide duties: and 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 04/24/2023 to 04/30/2022, the facility was deficient in CNA staffing for residents on 5 of 7 day shifts as follows:</p> <p>-04/24/22 had 9 CNAs for 104 residents on the day shift, required 13 CNAs. -04/25/22 had 9 CNAs for 104 residents on the day shift, required 13 CNAs. -04/27/22 had 11 CNAs for 99 residents on the day shift, required 12 CNAs.</p>	S 560	<p>3</p> <p>Bonuses are offered as needed for open shifts. Nursing staff has been re-educated on the call out and lateness policy by DON or designee. advertisements signs for open CNA positions are placed in front of the building. The facility is recruiting on multiple employment search engines and multiple social media platforms for CNAs, and has a dedicated recruitment team. Reviewed Facility Staffing Agency contracts, additional Agency Contracts under review.</p> <p>4.</p> <p>The DON/Designee will conduct weekly x 4 weeks C.N.A. staffing schedule audits. Then quarterly x 1 quarter. " The DON/Designee will report audit findings to the Administrator, and will be presented at the monthly QAPI meetings.</p>	

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S 560	<p>Continued From page 2</p> <p>-04/28/22 had 11 CNAs for 98 residents on the day shift, required 12 CNAs. -04/30/22 had 8 CNAs for 98 residents on the day shift, required 12 CNAs.</p> <p>2. For the week of 05/02/2022 to 05/08/2022, the facility was deficient in CNA staffing for residents on 6 of 7 day shifts as follows:</p> <p>-05/02/22 had 9 CNAs for 105 residents on the day shift, required 13 CNAs. -05/03/22 had 11 CNAs for 105 residents on the day shift, required 13 CNAs. -05/05/22 had 11 CNAs for 105 residents on the day shift, required 13 CNAs. -05/06/22 had 10 CNAs for 105 residents on the day shift, required 13 CNAs. -05/07/22 had 11 CNAs for 105 residents on the day shift, required 13 CNAs. -05/08/22 had 9 CNAs for 105 residents on the day shift, required 13 CNAs.</p> <p>3. For the week of 05/29/2022 to 06/04/2022, the facility was deficient in CNA staffing for residents on 5 of 7 day shifts as follows:</p> <p>-05/29/22 had 7 CNAs for 107 residents on the day shift, required 13 CNAs. -05/31/22 had 11 CNAs for 107 residents on the day shift, required 13 CNAs. -06/01/22 had 11 CNAs for 106 residents on the day shift, required 13 CNAs. -06/03/22 had 10 CNAs for 104 residents on the day shift, required 13 CNAs. -06/04/22 had 11 CNAs for 104 residents on the day shift, required 13 CNAs.</p> <p>4. For the 2 weeks of staffing from 07/31/2022 to 08/06/2022 and 08/07/2022 to 08/13/2022, the facility was deficient in CNA staffing for residents</p>	S 560			

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S 560	<p>Continued From page 3</p> <p>on 11 of 14 day shifts as follows:</p> <p>-07/31/22 had 8 CNAs for 105 residents on the day shift, required 13 CNAs.</p> <p>-08/01/22 had 12 CNAs for 105 residents on the day shift, required 13 CNAs.</p> <p>-08/02/22 had 12 CNAs for 105 residents on the day shift, required 13 CNAs.</p> <p>-08/04/22 had 10 CNAs for 105 residents on the day shift, required 13 CNAs.</p> <p>-08/06/22 had 10 CNAs for 107 residents on the day shift, required 13 CNAs.</p> <p>-08/07/22 had 9 CNAs for 107 residents on the day shift, required 13 CNAs.</p> <p>-08/08/22 had 10 CNAs for 111 residents on the day shift, required 14 CNAs.</p> <p>-08/09/22 had 11 CNAs for 108 residents on the day shift, required 13 CNAs.</p> <p>-08/10/22 had 12 CNAs for 108 residents on the day shift, required 13 CNAs.</p> <p>-08/12/22 had 12 CNAs for 108 residents on the day shift, required 13 CNAs.</p> <p>-08/13/22 had 7 CNAs for 111 residents on the day shift, required 14 CNAs.</p> <p>5. For the 2 weeks from 08/21/2022 to 08/27/2022 and 08/28/2022 to 09/03/2022, the facility was deficient in CNA staffing for residents on 14 of 14 day shifts as follows:</p> <p>-08/21/22 had 8 CNAs for 107 residents on the day shift, required 13 CNAs.</p> <p>-08/22/22 had 11 CNAs for 107 residents on the day shift, required 13 CNAs.</p> <p>-08/23/22 had 12 CNAs for 107 residents on the day shift, required 13 CNAs.</p> <p>-08/24/22 had 12 CNAs for 107 residents on the day shift, required 13 CNAs.</p> <p>-08/25/22 had 11 CNAs for 111 residents on the day shift, required 14 CNAs.</p>	S 560			

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S 560	<p>Continued From page 4</p> <p>-08/26/22 had 9 CNAs for 111 residents on the day shift, required 14 CNAs.</p> <p>-08/27/22 had 9 CNAs for 111 residents on the day shift, required 14 CNAs.</p> <p>-08/28/22 had 10 CNAs for 111 residents on the day shift, required 14 CNAs.</p> <p>-08/29/22 had 9 CNAs for 111 residents on the day shift, required 14 CNAs.</p> <p>-08/30/22 had 12 CNAs for 110 residents on the day shift, required 14 CNAs.</p> <p>-08/31/22 had 12 CNAs for 110 residents on the day shift, required 14 CNAs.</p> <p>-09/01/22 had 12.5 CNAs for 110 residents on the day shift, required 14 CNAs.</p> <p>-09/02/22 had 10 CNAs for 110 residents on the day shift, required 14 CNAs.</p> <p>-09/03/22 had 11 CNAs for 110 residents on the day shift, required 14 CNAs.</p> <p>6. For the week of 11/20/2022 to 11/26/2022, the facility was deficient in CNA staffing for residents on 7 of 7 day shifts as follows:</p> <p>-11/20/22 had 10 CNAs for 118 residents on the day shift, required 15 CNAs.</p> <p>-11/21/22 had 11 CNAs for 118 residents on the day shift, required 15 CNAs.</p> <p>-11/22/22 had 11 CNAs for 118 residents on the day shift, required 15 CNAs.</p> <p>-11/23/22 had 13 CNAs for 118 residents on the day shift, required 15 CNAs.</p> <p>-11/24/22 had 14 CNAs for 117 residents on the day shift, required 15 CNAs.</p> <p>-11/25/22 had 11 CNAs for 117 residents on the day shift, required 15 CNAs.</p> <p>-11/26/22 had 11 CNAs for 116 residents on the day shift, required 14 CNAs.</p> <p>7. For the week of 01/08/2023 to 01/14/2023, the facility was deficient in CNA staffing for</p>	S 560			

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S 560	<p>Continued From page 5</p> <p>residents on 6 of 7 day shifts as follows:</p> <p>-01/08/23 had 10 CNAs for 117 residents on the day shift, required 15 CNAs.</p> <p>-01/09/23 had 11 CNAs for 117 residents on the day shift, required 15 CNAs.</p> <p>-01/10/23 had 11 CNAs for 115 residents on the day shift, required 14 CNAs.</p> <p>-01/12/23 had 13 CNAs for 115 residents on the day shift, required 14 CNAs.</p> <p>-01/13/23 had 11 CNAs for 115 residents on the day shift, required 14 CNAs.</p> <p>-01/14/23 had 11 CNAs for 121 residents on the day shift, required 15 CNAs.</p> <p>8. For the week of 03/12/2023 to 03/18/2023, the facility was deficient in CNA staffing for residents on 7 of 7 day shifts and deficient in total staff for residents on 1 of 7 evening shifts as follows:</p> <p>-03/12/23 had 10 CNAs for 132 residents on the day shift, required 16 CNAs.</p> <p>-03/13/23 had 10 CNAs for 131 residents on the day shift, required 16 CNAs.</p> <p>-03/14/23 had 12 CNAs for 131 residents on the day shift, required 16 CNAs.</p> <p>-03/15/23 had 13 CNAs for 131 residents on the day shift, required 16 CNAs.</p> <p>-03/16/23 had 11 CNAs for 131 residents on the day shift, required 16 CNAs.</p> <p>-03/17/23 had 12 CNAs for 136 residents on the day shift, required 17 CNAs.</p> <p>-03/18/23 had 8 CNAs for 136 residents on the day shift, required 17 CNAs.</p> <p>-03/18/23 had 13 total staff for 136 residents on the evening shift, required 14 total staff.</p> <p>9. For the 3 weeks of staffing from 04/02/2023 to 04/08/2023, 04/09/2023 to 04/15/2023, and 04/16/2023 to 04/22/2023, the facility was</p>	S 560			

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S 560	<p>Continued From page 6</p> <p>deficient in CNA staffing for residents on 21 of 21 day shifts as follows:</p> <p>-04/02/23 had 7 CNAs for 130 residents on the day shift, required 16 CNAs.</p> <p>-04/03/23 had 11 CNAs for 130 residents on the day shift, required 16 CNAs.</p> <p>-04/04/23 had 13 CNAs for 130 residents on the day shift, required 16 CNAs.</p> <p>-04/05/23 had 12 CNAs for 130 residents on the day shift, required 16 CNAs.</p> <p>-04/06/23 had 12 CNAs for 130 residents on the day shift, required 16 CNAs.</p> <p>-04/07/23 had 11 CNAs for 131 residents on the day shift, required 17 CNAs.</p> <p>-04/08/23 had 11 CNAs for 130 residents on the day shift, required 16 CNAs.</p> <p>-04/09/23 had 9 CNAs for 130 residents on the day shift, required 16 CNAs.</p> <p>-04/10/23 had 11 CNAs for 130 residents on the day shift, required 16 CNAs.</p> <p>-04/11/23 had 10 CNAs for 130 residents on the day shift, required 16 CNAs.</p> <p>-04/12/23 had 12 CNAs for 130 residents on the day shift, required 16 CNAs.</p> <p>-04/13/23 had 11 CNAs for 130 residents on the day shift, required 16 CNAs.</p> <p>-04/14/23 had 10 CNAs for 130 residents on the day shift, required 16 CNAs.</p> <p>-04/15/23 had 11 CNAs for 134 residents on the day shift, required 17 CNAs.</p> <p>-04/16/23 had 7 CNAs for 133 residents on the day shift, required 17 CNAs.</p> <p>-04/17/23 had 12 CNAs for 133 residents on the day shift, required 17 CNAs.</p> <p>-04/18/23 had 12 CNAs for 133 residents on the day shift, required 17 CNAs.</p> <p>-04/19/23 had 14 CNAs for 133 residents on the day shift, required 17 CNAs.</p> <p>-04/20/23 had 14 CNAs for 133 residents on the</p>	S 560			

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S 560	Continued From page 7 day shift, required 17 CNAs. -04/21/23 had 11 CNAs for 130 residents on the day shift, required 16 CNAs. -04/22/23 had 9 CNAs for 130 residents on the day shift, required 16 CNAs.	S 560			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
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F 000	INITIAL COMMENTS A Complaint survey was conducted on behalf of the New Jersey Department of Health. Complaint #: NJ00154623, NJ00155157, NJ00157573, NJ00157650, NJ00158005, NJ00158179, NJ00159719, NJ00160722, NJ00162652, NJ00163141, and NJ00163368. Survey Dates: 04/24/23 - 04/27/23 Survey Census: 132 Sample Size: 31 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 RECERTIFICATION AND COMPLAINT VISIT.	F 000			
F 657 SS=D	Care Plan Timing and Revision CFR(s): 483.21(b)(2)(i)-(iii) §483.21(b) Comprehensive Care Plans §483.21(b)(2) A comprehensive care plan must be- (i) Developed within 7 days after completion of the comprehensive assessment. (ii) Prepared by an interdisciplinary team, that includes but is not limited to-- (A) The attending physician. (B) A registered nurse with responsibility for the resident. (C) A nurse aide with responsibility for the resident. (D) A member of food and nutrition services staff. (E) To the extent practicable, the participation of the resident and the resident's representative(s).	F 657			5/20/23

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

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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 657	<p>Continued From page 1</p> <p>An explanation must be included in a resident's medical record if the participation of the resident and their resident representative is determined not practicable for the development of the resident's care plan.</p> <p>(F) Other appropriate staff or professionals in disciplines as determined by the resident's needs or as requested by the resident.</p> <p>(iii) Reviewed and revised by the interdisciplinary team after each assessment, including both the comprehensive and quarterly review assessments.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Complaint # : NJ 163368</p> <p>Based on observation, interview, and record review, the facility failed to update a care plan of one Resident (R) 8) unable to reposition himself, of three residents reviewed for [REDACTED] injuries. This failure to relate information to staff has the potential to affect the healing process of a [REDACTED] [REDACTED] injury.</p> <p>Findings include:</p> <p>Review of a facility's "Grievance Log" provided by the facility, revealed on [REDACTED], a grievance filed by R8's guardian regarding the positioning of [REDACTED] in bed related to the presence of a [REDACTED] [REDACTED] injury on the [REDACTED] which the nurse on duty claimed was on the [REDACTED]</p> <p>Review of R8's "Order Summary" from the facility electronic medical record (EMR), "Orders" tab showed an admission date of [REDACTED] with medical diagnoses that included [REDACTED], [REDACTED], [REDACTED], [REDACTED] of the [REDACTED] and [REDACTED]</p>	F 657	<p>1. HOW THE CORRECTIVE ACTION WILL BE ACCOMPLISHED FOR THOSE RESIDENTS FOUND TO HAVE BEEN AFFECTED BY THE PRACTICE: Resident # 8 care plan was updated on [REDACTED] to reflect [REDACTED] and [REDACTED] only. Care plan reviewed and updated for all residents with [REDACTED]</p> <p>2. HOW THE FACILITY WILL IDENTIFY OTHER RESIDENTS HAVING THE POTENTIAL TO BE AFFECTED BY THE SAME DEFICIENT PRACTICE: All residents have the potential to be affected.</p> <p>3. WHAT MEASURES WILL BE PUT INTO PLACE OR WHAT SYSTEMIC CHANGES WILL BE MADE TO ENSURE THAT THE DEFICIENT PRACTICE WILL NOT RECUR: All license nursing staff was educated on care plan review and updating. All new admission charts will be reviewed for wounds, care plan will be updated to</p>		

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F 657	<p>Continued From page 2</p> <p>EX. Order 26.(4) B1. The "Order Summary" also showed an order for EX. Order 26.(4) B1 cleansing with EX. Order 26.(4) B1 solution, apply EX. Order 26.(4) B1 to the EX. Order 26.(4) B1 and cover with a EX. Order 26.(4) B1 dressing daily.</p> <p>In response to the grievance, the facility held an in-service training for staff regarding EX. Order 26.(4) B1 care and positioning of residents with EX. Order 26.(4) B1.</p> <p>Observation of R8 on 04/26/23 at 5:20 PM showed he was positioned on EX. Order 26.(4) B1 side. The Director of Nursing (DON) confirmed R8's position and advised the Certified Nurse Aide, that came to room to assist R8 with EX. Order 26.(4) B1 meal, the resident was not to be on EX. Order 26.(4) B1 side.</p> <p>Review of R8's "Care Plan" from the EMR "Care Plan" tab showed a care plan for right ankle EX. Order 26.(4) B1, that are documented in the EMR by the EX. Order 26.(4) B1 care physician as healed on EX. Order 26.(4) B1, further review of the care plan revealed.</p> <p>"Focus: Patient has an EX. Order 26.(4) B1 to EX. Order 26.(4) B1. Date Initiated: EX. Order 26.(4) B1 Revision on: EX. Order 26.(4) B1. Goal: Patient's EX. Order 26.(4) B1 will show signs of healing by review date. Date Initiated: EX. Order 26.(4) B1. Revision on: EX. Order 26.(4) B1 Target Date: EX. Order 26.(4) B1. Interventions: Administer treatment to unstageable wound as ordered. Date Initiated: EX. Order 26.(4) B1. EX. Order 26.(4) B1 -Date Initiated: EX. Order 26.(4) B1. Enhanced barrier precautions-Date Initiated: EX. Order 26.(4) B1. EX. Order 26.(4) B1 consult with EX. Order 26.(4) B1 doctor-Date Initiated: EX. Order 26.(4) B1." Additionally, "Focus: The resident has actual impairment to</p>	F 657	<p>include positioning. Unit Managers will review the weekly EX. Order 26.(4) B1 consult sheet for changes or new interventions and update the care plan, Unit managers will also review and update care plans on a quarterly basis.</p> <p>4. HOW THE FACILITY WILL MONITOR ITS CORRECTIVE ACTIONS TO ENSURE THAT THE DEFICIENT PRACTICE WILL NOT RECUR: The Director of nursing or designee will audit the care plans on residents with EX. Order 26.(4) B1 to ensure that recommended interventions are added and or updated weekly x 4, then monthly x 3 months. All findings will be reported to the administrator at the Quarterly QAPI meeting.</p>		

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F 657	<p>Continued From page 3</p> <p>skin integrity of the [REDACTED] -Date Initiated: [REDACTED] EX. Order 26.(4) B1</p> <p>[REDACTED] -Revision on: [REDACTED] EX. Order 26.(4) B1</p> <p>Goal: I will not experience any additional skin [REDACTED] EX. Order 26.(4) B1 or other complications.</p> <p>Date Initiated: [REDACTED] EX. Order 26.(4) B1 -Revision on: [REDACTED] EX. Order 26.(4) B1</p> <p>[REDACTED] -Target Date: [REDACTED] EX. Order 26.(4) B1</p> <p>Interventions: I will regain skin integrity; [REDACTED] EX. Order 26.(4) B1 or [REDACTED] EX. Order 26.(4) B1 areas will decrease [REDACTED] EX. Order 26.(4) B1</p> <p>Date Initiated: [REDACTED] EX. Order 26.(4) B1 -Revision on: [REDACTED] EX. Order 26.(4) B1</p> <p>04/24/2023-Target Date: [REDACTED] EX. Order 26.(4) B1</p> <p>Assist me with my general hygiene and comfort measures-Date Initiated: [REDACTED] EX. Order 26.(4) B1</p> <p>Follow facility protocols for treatment of injury-Date Initiated: [REDACTED] EX. Order 26.(4) B1</p> <p>Keep my linen dry, clean, and free of wrinkles-Date Initiated: [REDACTED] EX. Order 26.(4) B1</p> <p>Keep skin clean and dry. Use lotion on dry skin-Date Initiated: [REDACTED] EX. Order 26.(4) B1, Revision on: [REDACTED] EX. Order 26.(4) B1</p> <p>While the care plan was updated on [REDACTED] EX. Order 26.(4) B1 there was nothing included regarding the positioning of residents.</p> <p>During interviews with Certified Nurse Aides (CNA's) regarding where information to care for a resident was located, it was discovered: [REDACTED] EX. Order 26.(4) B1 at 1:35 PM, CNA5 was asked about R8's positioning the evening before and responded, "I was on [REDACTED] EX. Order 26.(4) B1 hall, I went to feed them." When asked where he would find the information to care for [REDACTED] EX. Order 26.(4) B1 CNA5 stated, "I don't know. The DON told me don't put [REDACTED] EX. Order 26.(4) B1 on that [REDACTED] EX. Order 26.(4) B1 because of the [REDACTED] EX. Order 26.(4) B1 If we don't know how to take care of them, we always ask the nurse."</p> <p>04/27/23 at 4:10 PM, CNA1 stated, "I ask the nurse if there is anything new, I am given information at report."</p>	F 657			

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F 657	<p>Continued From page 4</p> <p>CA Order 25-415 at 4:14 PM, in a joint interview with CNA3 and CNA4 responded: CNA3: "The nurse gives you report." CNA4: "If you don't know, you ask the nurse." When asked if you do not know a resident, if there was any information in their "Point of Care" charting system, CNA4 responded, "No" and CNA3 stated, "If you don't know the patient the nurse will tell you, she will know."</p> <p>04/27/23 at 4:45 PM, CNA2 responded, "Before I care for a resident, especially if it is a new resident, I ask the nurse and receive information during report."</p> <p>In an interview on 04/27/23 at 4:17 PM, regarding where information to care for a resident was found, Licensed Practical Nurse (LPN) 3 responded, "The chart and the report I get, the rounds on a patient, and I go through the resident chart to see." When asked what the care plan included, LPN3 stated, "The care plan is to guide what the patient is at risk for."</p> <p>In an interview on 04/27/23 at 6:35 PM, the DON stated, an expectation the care plan would be updated for resident care.</p> <p>Review of the facility policy titled "Care Plans, Comprehensive Person-Centered," updated 10/2022, revealed: "Policy Statement 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. Policy Interpretation and Implementation . . .</p>	F 657			

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F 657	Continued From page 5 13. Assessments of residents are ongoing and care plans are revised as information about the residents [sic] and residents' conditions change. . ." Review of the facility policy titled EX Order 26(4) b1 EX Order 26 Injury Risk Assessment," updated 10/2019, showed: ". . . 5. Develop the resident-centered care plan and interventions based on the risk factors identified in the assessments, the condition of the skin, the resident's overall clinical condition, and the resident's stated wishes and goals. a. The interventions must be based on current, recognized standards of care. The [sic] b. effects of the interventions must be evaluated. c. The care plan must be modified as the resident's condition changes, or if current interventions are deemed inadequate. . . ."	F 657			
F 686 SS=D	Treatment/Svcs to Prevent/Heal Pressure Ulcer CFR(s): 483.25(b)(1)(i)(ii) §483.25(b) Skin Integrity §483.25(b)(1) Pressure ulcers. Based on the comprehensive assessment of a resident, the facility must ensure that- (i) A resident receives care, consistent with professional standards of practice, to prevent pressure ulcers and does not develop pressure ulcers unless the individual's clinical condition demonstrates that they were unavoidable; and (ii) A resident with pressure ulcers receives necessary treatment and services, consistent with professional standards of practice, to promote healing, prevent infection and prevent new ulcers from developing. This REQUIREMENT is not met as evidenced	F 686		5/20/23	

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F 686	<p>Continued From page 6</p> <p>by: Complaint # : NJ 163368</p> <p>Based on observation, interview, and record review, the facility failed to ensure the positioning of one Resident (R) 8) unable to reposition himself, of three current residents reviewed for EX. Order 26.(4) B1 injuries, was conducive to the healing of a EX. Order 26.(4) B1 injury. This failure to relate ensure appropriate positioning has the potential to affect the healing process of a EX. Order 26.(4) B1 EX. Order 26.(4) B1</p> <p>Findings include:</p> <p>Review of a facility's "Grievance log "provided by the facility, dated EX. Order 26.(4) B1 revealed R8's guardian filed a grievance regarding the positioning of EX. Order 26.(4) B1 in bed related to the presence of EX. Order 26.(4) B1 injury on the EX. Order 26.(4) B1</p> <p>Review of R8's "Order Summary" from the facility electronic medical record(EMR), "Orders" tab showed an admission date of EX. Order 26.(4) B1 with medical diagnoses that included EX. Order 26.(4) B1, EX. Order 26.(4) B1</p> <p>EX. Order 26.(4) B1. The "Order Summary" also showed an order EX. Order 26.(4) B1 cleansing with EX. Order 26.(4) B1 solution, apply EX. Order 26.(4) B1 to the EX. Order 26.(4) B1 and cover with a EX. Order 26.(4) B1 dressing daily.</p> <p>In response to the grievance, the facility held an in-service training for staff regarding EX. Order 26.(4) B1 care and positioning of residents with EX. Order 26.(4) B1 on EX. Order 26.(4) B1</p> <p>Observation of R8 on 04/26/23 at 5:20 PM</p>	F 686	<p>. HOW THE CORRECTIVE ACTION WILL BE ACCOMPLISHED FOR THOSE RESIDENTS FOUND TO HAVE BEEN AFFECTED BY THE PRACTICE:</p> <p>CNA assigned to resident #8 on EX. Order 26.(4) B1 3-11 shift was immediately educated by the assistant director of nursing on resident's # 8 turning schedule, how to position and the reason for the positioning. All licensed nursing staff and CNAs were educated on positioning and offloading for EX. Order 26.(4) B1 healing and EX. Order 26.(4) B1 prevention.</p> <p>2.HOW THE FACILITY WILL IDENTIFY OTHER RESIDENTS HAVING THE POTENTIAL TO BE AFFECTED BY THE SAME DEFICIENT PRACTICE:</p> <p>All residents have the potential to be affected.</p> <p>3. WHAT MEASURES WILL BE PUT INTO PLACE OR WHAT SYSTEMIC CHANGES WILL BE MADE TO ENSURE THAT THE DEFICIENT PRACTICE WILL NOT RECUR:</p> <p>Unit Managers updated the CNA point of care task to include turning and positioning instructions for residents with EX. Order 26.(4) B1. Nurses were presented with a list of residents with EX. Order 26.(4) B1 to include interventions and repositioning status. Unit Managers will be giving an updated list to the nurses on a weekly basis.</p>		

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F 686	<p>Continued From page 7</p> <p>showed [REDACTED] was positioned on [REDACTED] e. The Director of Nursing (DON) confirmed R8's position and advised the Certified Nurse Aide that came to room to assist R8 with [REDACTED] meal the resident was not to be on [REDACTED].</p> <p>During interviews with Certified Nurse Aides (CNA's) regarding where information to care for a resident was located, it was discovered: [REDACTED] at 1:35 PM, CNA5 was asked about R8's positioning the evening before and responded, "I was on [REDACTED] hall, I went to feed them." When asked where he would find the information to care for [REDACTED], CNA5 stated, "I don't know. The DON told me don't put [REDACTED] on that [REDACTED] because of the [REDACTED]. If we don't know how to take care of them, we always ask the nurse."</p> <p>04/27/23 at 4:10 PM, CNA1 stated, "I ask the nurse if there is anything new, I am given information at report."</p> <p>04/27/23 at 4:14 PM, in a joint interview with CNA3 and CNA4 responded: CNA3: "The nurse gives you report." CNA4: "If you don't know, you ask the nurse." When asked if you do not know a resident if there was any information in their "Point of Care" charting system, CNA4 responded "No" and CNA3 stated, "If you don't know the patient the nurse will tell you, she will know."</p> <p>04/27/23 at 4:45 PM, CNA2 responded, "Before I care for a resident, especially if it is a new resident, I ask the nurse and receive information during report."</p> <p>In an interview on 04/27/23 at 4:17 PM regarding where information to care for a resident was</p>	F 686	<p>4. HOW THE FACILITY WILL MONITOR ITS CORRECTIVE ACTIONS TO ENSURE THAT THE DEFICIENT PRACTICE WILL NOT RECUR:</p> <p>Director of Nursing or designee with be doing random room visit of 3 residents with wounds along with the assigned CNA to ensure that the resident is positioned according to their plan of care. This will be done weekly x 4 and then monthly x4. The result of the findings will be reported to the administrator at the quarterly QAPI meeting.</p>		

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F 686	<p>Continued From page 8</p> <p>found, Licensed Practical Nurse (LPN) 3 responded, "The chart and the report I get, the rounds on a patient and I go through the resident chart to see." When asked what the care plan included, LPN3 stated, "The care plan is to guide what the patient is at risk for."</p> <p>In an interview on 04/27/23 at 6:35 PM, DON stated an expectation the staff would know how to position the resident off the [REDACTED] with the [REDACTED].</p> <p>Review of the facility policy titled [REDACTED] Injury Risk Assessment," updated 10/2019, showed:</p> <p>" . . .2. Risk factors that increase a resident's susceptibility to develop or to not heal [REDACTED] include, but are not limited to:</p> <p>a. Under nutrition, malnutrition, and hydration deficits;</p> <p>b. Impaired/decreased mobility and decreased functional ability; . . ."</p>	F 686			