

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

PRINTED: 07/21/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315353	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 05/07/2021
NAME OF PROVIDER OR SUPPLIER CRANBURY CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 292 APPLGARTH ROAD MONROE TOWNSHIP, NJ 08831		
(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	
F 000	INITIAL COMMENTS C #; NJ 139615 CENSUS: 90 SAMPLE: 4 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 VISIT.	F 000			
F 610 SS=D	Investigate/Prevent/Correct Alleged Violation CFR(s): 483.12(c)(2)-(4) §483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must: §483.12(c)(2) Have evidence that all alleged violations are thoroughly investigated. §483.12(c)(3) Prevent further potential abuse, neglect, exploitation, or mistreatment while the investigation is in progress. §483.12(c)(4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken. This REQUIREMENT is not met as evidenced by: C #: NJ 139615	F 610	The facility will continue to investigate, prevent and correct allegations of Abuse,	6/1/21	

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

TITLE

(X6) DATE

Electronically Signed

05/21/2021

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 610	<p>Continued From page 1</p> <p>Based on interviews and record review, as well as review of pertinent facility documents on 5/7/21, it was determined that the facility failed to follow the facility's policy to thoroughly investigate an incident for 1 of 4 residents (Res #2) as required according to the facility's policy. This deficient practice is evidenced by the following:</p> <p>According to the "ADMISSION RECORDS," Res #2 was admitted to the facility on [REDACTED], with diagnoses that included but were not limited to: [REDACTED].</p> <p>The Minimum Data Set (MDS), an assessment tool dated [REDACTED], showed that the Resident's cognition was intact and required extensive assistance from staff with Activities of Daily Living (ADLs).</p> <p>The "Treatment Encounter Note (TEN) dated [REDACTED] at 11:56 a.m., documented by the Physical Therapist Assistant (PTA), showed when he was going back to Resident #2 to finish the split therapy session, the housekeeping staff (hs) told him that Res #2 needed assistance. PTA went inside the Resident's room and saw the Resident's [REDACTED] wrapped around the Resident's [REDACTED]. The Resident stated that he/she [REDACTED]. The PTA was able to stop the Resident, went to the hallway, saw the Assistant Director of Nursing (ADON) and told her to come to the room. PTA stayed in the room until the Resident's nurse arrived.</p> <p>The "Progress Notes (PN)" dated [REDACTED] at 2:26 pm, documented by Registered Nurse (RN) showed that Res #2 was found with the [REDACTED] of a [REDACTED] tied around the Resident's [REDACTED].</p>	F 610	<p>Neglect, Exploitation and Mistreatment. To address survey concerns, the facility is undertaking the following steps:</p> <p>One, Actions taken for the resident identified:</p> <ul style="list-style-type: none"> - Resident #2 no longer resides in the facility. <p>Two, Identification of other residents that have the potential to be affected:</p> <ul style="list-style-type: none"> - The facility recognizes that the [REDACTED] residents residing in the facility have the potential to be affected by the investigation, prevention and correction of allegations of abuse, neglect, exploitation and mistreatment. <p>Three, System measures and changes that will be made:</p> <ul style="list-style-type: none"> - All staff will be re-in-serviced on the facility's Accident/Incident Policy and Procedure. - Resident incidents and accidents will be reviewed daily in clinical management meetings and any such cases identified will be discussed. <p>Four, Monitoring mechanisms to assure compliance:</p> <ul style="list-style-type: none"> - The Director of Nursing (CNE) or designee will review the Risk Management System, daily, to ensure that all resident accidents and incidents identified have been entered into the Risk Management System and investigations have been initiated. Concerns will be addressed, as warranted. - The Administrator (CED) or 		

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F 610	<p>Continued From page 2</p> <p>tightly. The Resident's [REDACTED] was extremely red, crying and the Resident stated "[REDACTED]". The RN and another staff member managed to remove the [REDACTED] off of the Resident's [REDACTED]. The RN observed that the Resident's [REDACTED] was slightly red. Res #2 was able to breathe and started screaming [REDACTED]. " The Resident's Primary Physician and family were made aware. The RN stayed with Res #2 until the Resident was transferred to the Acute Care Hospital (ACH).</p> <p>In an interview with the Director of Nursing (DON) and the Administrator (not the Administration during the aforementioned incident) on 5/7/21 at 1:06 pm, they stated that the aforementioned documentation from the RN and the PTA showed that there was an incident that occurred on [REDACTED] involving Res #2. The DON stated that all resident incidents should be documented in the Risk Management System (RM'S) and to follow the protocol within the system. However, the facility could not provide documentation that the incident was entered in the RMS and thoroughly investigated as required according the facility's policy.</p> <p>The facility's policy "Accidents/Incidents (IA)" effective date 6/1/16, reviewed on 5/2/18, showed that: "...staff will use the Risk Management System (RMS) to report, review, and investigate all accidents/incidents which occurred, or allegedly occurred, on Center property and involved, or allegedly involved, a patient who is receiving services...An accident is defined as any unexpected or unintentional incident which may result in injury or illness to a resident/patient...An incident is defined as any occurrence not</p>	F 610	<p>designee will review the Risk Management System, daily, to ensure cases are reported to the proper authorities as required. Concerns will be addressed, as warranted.</p> <p>- The Director of Nursing and the Administrator will report to the Quality Assurance Committee, monthly, the findings of the audits. Concerns will be addressed by the Quality Assurance Committee, as warranted.</p>		

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F 610	<p>Continued From page 3</p> <p>consistent with the routine operation of the Center or normal care of the patient. An incident can involve...observation of a situation that poses a threat to safety or security. The licensed nurse will utilize RMS to report accidents/incidents and assist with completion of a timely investigation to determine the root cause. The information entered will: Generate notification...and flow to individualized state reporting forms to assist with completing the state and federal reporting requirements as indicated...PURPOSE To provide standards for review and investigation of accidents/incidents. To define causative/contributing factors and institute preventive measures to avoid further occurrences...To meet regulatory requirements...PROCESS...2. Assessment, Medical Assistance, Documentation: 2.1 Patients:...2.1.6 The nurse will:...2.1.6.1 Enter the accident/incident into RMS as a new event within 24 hours of the occurrence;...3. Reporting:...3.4 Notification of state reportable events will be made using RMS forms..."</p> <p>The form "Resident and Patient Incident/Event Reporting Guidelines", undated, showed "When resident/patient incidents are identified, it is critical that the center leadership team assess the resources available to deal with the risks that frequently accompany such incidents. All incidents must be reported through the RMS system...2. The center must enter all resident/patient incidents in the Risk Management System (RMS) and follow protocol within the system ..."</p> <p>The form titled "Risk Management System (RMS)" revised on 4/5/19, showed under Investigations and Reportable Events showed</p>	F 610			

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F 610	Continued From page 4 "...RMS supports the collection of the following Investigation forms:... Injury... .." NJAC 8:39-27.1(a)	F 610			