

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

PRINTED: 10/01/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315143	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 07/13/2021
NAME OF PROVIDER OR SUPPLIER HOLLY MANOR CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 84 COLD HILL ROAD MENDHAM, NJ 07945		
(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: NJ 146092, 146575, 146584 Sample Size: 5 Census: 84 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 survey.	F 000			
F 837 SS=D	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: C # NJ: NJ 146092, 146575, 146584 Based on observation, interviews and record review as well as review of other pertinent facility documents on 7/8/21 and 7/13/21, it was	F 837	F837 SS=D HOW THE CORRECTIVE ACTION WILL BE ACCOMPLISHED FOR THOSE RESDIENTS FOUND TO HAVE BEEN AFFECTED BY THE PRACTICE:	7/16/21	

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

TITLE

(X6) DATE

Electronically Signed

07/26/2021

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 837	<p>Continued From page 1</p> <p>determined that the facility failed to consistently implement their policies titled "Accidents/Incidents" and "Assessment: Nursing" for 2 of 5 residents (Res #3 and Res #5). This deficient practice is evidenced by the following:</p> <p>1. According to the "ADMISSION RECORD (AR)" Res [REDACTED] was originally admitted on [REDACTED] and was readmitted on [REDACTED] with diagnoses that included but were not limited to: [REDACTED]. The Resident was discharged from the facility on [REDACTED].</p> <p>The Minimum Data Set (MDS), an assessment tool, dated [REDACTED], showed that Res [REDACTED] cognition was [REDACTED] and required total assistance with Activities of Daily Living (ADL).</p> <p>The Care Plan (CP) initiated on [REDACTED] and revised on [REDACTED] showed that Res [REDACTED] was at risk for skin breakdown related to [REDACTED] and [REDACTED].</p> <p>The form Risk Management System (RMS) dated [REDACTED] at 5:00 pm documented by the Assistant Director of Nursing (ADON) showed under injury that Res [REDACTED] was observed to have a bruise (location was not indicated). The RMS under the Summary of the Investigation showed no abuse or neglect occurred. Res [REDACTED] sustained a discoloration to the [REDACTED] when the Certified Nurse Assistant (CNA #1) was assisting the laboratory technician during [REDACTED] by gently holding the Resident's [REDACTED] to keep it still. The Resident was on [REDACTED] medication. The RMS and the medical record (MR) revealed that the Resident Representative (RR) for Res [REDACTED] was not notified of the</p>	F 837	<p>The family of Resident #3 was contacted and the incident was reviewed with them.</p> <p>Resident [REDACTED]'s Skin was assessed on [REDACTED] and an incident report was completed for the discoloration noted under the resident's [REDACTED]. The family was contacted and the incident was reviewed with them.</p> <p>HOW THE FACILITY WILL IDENTIFY OTHER RESIDENTS HAVING THE POTENTIAL TO BE AFFECTED BY THE SAME DEFICIENT PRACTICE:</p> <p>All residents had the potential to be affected by this practice</p> <p>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>Resident [REDACTED] was discharged home on [REDACTED].</p> <p>Licensed staff were re-inserviced on the need to notify the patient's responsible party of all incident or accident reports.</p> <p>The CNA for Resident [REDACTED] received corrective action on [REDACTED] for not reporting the observed discoloration to resident [REDACTED] because she believed the nurses were aware of it.</p> <p>The COTA for Resident [REDACTED] received a clinical referral for not reporting to the</p>		

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F 837	<p>Continued From page 2 aforementioned incident.</p> <p>The surveyor conducted an interview with Registered Nurses (RN) on 7/8/21 to 10/10 am. They stated that nurses including management (Unit Managers, ADON) should notify the RR of the aforementioned incidents and document that it was done.</p> <p>The surveyor conducted an interview with the Administrator and the ADON on 7/8/21 from 2:22 pm to 2:47 pm. They confirmed that the RR was not notified of the aforementioned incident which was not according to the facility's policy.</p> <p>2. According to the AR, Res [REDACTED] was admitted to the facility on [REDACTED] with diagnosis that included but was not limited to: [REDACTED]</p> <p>The MDS dated [REDACTED], showed that the Resident was [REDACTED] and required extensive assistance with ADL.</p> <p>The CP initiated on [REDACTED] and revised on [REDACTED], showed that the Resident was at risk for [REDACTED]. Intervention included but was not limited to: Observe skin condition daily with ADL care and report abnormalities.</p> <p>During the tour on the [REDACTED] with the ADON and CNA #2 on 7/13/21 at 9:53 am and 10: 00 am, Res [REDACTED] pointed at his/her [REDACTED]. A [REDACTED] was observed underneath the Resident's [REDACTED]. Resident [REDACTED] stated that his/her [REDACTED] hit the [REDACTED] during the therapy session last week either on [REDACTED] or [REDACTED] and the Resident reported it to Occupational Therapist Aide (OTA</p>	F 837	<p>nurse that the resident advised him of the incident to her left toe.</p> <p>Staff were re-inserviced on the policy & procedure for Accidents & Incidents, and on reporting any resident's change in condition to the resident's nurse.</p> <p>HOW THE FACILITY WILL MONITOR ITS CORRECTIVE ACTIONS TO ENSURE THAT THE DEFICIENT PRACTICE WILL NOT RECUR, IE, WHAT QUALITY ASSURANCE PROGRAM WILL BE PUT INTO PLACE:</p> <p>The DON or designee will conduct weekly audits for 2 months on Incident Reports to ensure families or responsible parties have been notified of all incidents.</p> <p>The DON or designee will conduct weekly audits for 2 months on the EMARs to ensure scheduled skin checks were completed. The DON or designee will conduct random audits thereafter to ensure compliance.</p> <p>The DON or designee will report the findings of these audits to the QAPI Committee on a monthly basis.</p> <p>The Administrator will take corrective action as needed to ensure compliance.</p>	

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F 837	<p>Continued From page 3 #1).</p> <p>The surveyor conducted an interview with CNA #2 on 7/13/21 at 10: 00 am. CNA #2 stated that last [REDACTED] (unsure of the date) she noticed the [REDACTED] on the Resident's [REDACTED]. However, she did not report it to the nurse or nursing supervisor because she thought they knew about it. The CNA stated that prior to last Friday the [REDACTED] was not there.</p> <p>The surveyor conducted an interview with the Physician Assistant (PA) on 7/13/21 at 10:33 am. The PA examined the Resident's [REDACTED]. The PA stated that the Resident had a [REDACTED] on the [REDACTED]. The Resident explained to the PA how he/she sustained the [REDACTED].</p> <p>The surveyor conducted an interview with the OTA and the Director of Rehabilitation (DR) on 7/13/21 at 10:34 am and 10:40 am. They stated that the aforementioned incident was not reported to nursing staff.</p> <p>Reviewed of the Treatment Administration Record (TAR) and the Progress Notes (PN) for the month of [REDACTED] showed no documentation that the Resident's skin was assessed every [REDACTED] on [REDACTED] and [REDACTED]. Furthermore, there was no documentation regarding the aforementioned incident/accident of [REDACTED] on the [REDACTED].</p> <p>The surveyor conducted an interview with the Director of Nursing (DON) on 7/13/21 at 11:34 am. The DON stated that incidents/accidents witnessed or unwitnessed, anything unusual such as [REDACTED] and [REDACTED] should have been reported to the assigned nurse for the facility to initiate an incident/accidents investigation</p>	F 837			

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F 837	<p>Continued From page 4</p> <p>according to their policy. Furthermore, staff (assigned nurse, unit managers) should ensure skin assessment was done as scheduled.</p> <p>The facility policy titled, "Accidents/Incidents" reviewed on 5/2/18 showed "...PROCESS...2. Assessment, Medical Assistance, Documentation...2.1.5 The patient's responsible party/family will be notified of the accident/incident and any follow-up treatment needed...Reporting: 3.1 All incidents, witnessed or unwitnessed, will be reported to the supervisor..."</p> <p>The facility policy titled, "Assessment: Nursing" revised on 6/1/21, showed "...A nursing assessment will be performed by the licensed nurse...Routine and focused assessments will be performed on an ongoing basis as needed..."</p> <p>NJAC 8:39-27.1(a)(b)</p>	F 837			