

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

PRINTED: 06/06/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315182	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/21/2023
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NAME OF PROVIDER OR SUPPLIER BRIDGEWAY CARE AND REHAB CENTER AT BRIDGEWATER	STREET ADDRESS, CITY, STATE, ZIP CODE 270 ROUTE 28 BRIDGEWATER, NJ 08807
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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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E 000	Initial Comments	E 000		
F 000	INITIAL COMMENTS Survey Date: 2/22/23 Census: 128 Sample: 25 + 2 closed records	F 000		
F 641 SS=D	<p>A Recertification Survey was conducted to determine compliance with 42 CFR Part 483, Requirements for Long Term Care Facilities. Deficiencies were cited for this survey.</p> <p>Accuracy of Assessments CFR(s): 483.20(g)</p> <p>§483.20(g) Accuracy of Assessments. The assessment must accurately reflect the resident's status. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review it was determined that the facility failed to accurately a.) assess a resident for [REDACTED] and b.) properly code a resident for contractures in the Minimum Data Set (MDS) assessments. This deficient practice was identified in 2 of 27 residents reviewed for MDS, Residents #7 and #181, and was evidenced by the following:</p> <p>a.) Review of the Admission Record showed that</p>	F 641	<p>The MDS Coordinator will review the available documentation and interview the direct caregivers involved in skin observation, diagnosis of pressure ulcers and treatments for this resident. Modify this resident's MDS and complete a Significant Correction assessment as required based on RAI guidance.</p> <p>LTC residents skin will be assessed for pressure ulcers by licensed staff weekly.</p>	3/17/23

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 03/12/2023
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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 641	<p>Continued From page 1</p> <p>Resident #7 was admitted to the facility on [REDACTED]. Medical diagnosis included, but were not limited to EX. Order 26.(4) B1 [REDACTED] and EX. Order 26.(4) B1 [REDACTED].</p> <p>Review of the Comprehensive Minimum Data Set (MDS), an assessment tool dated [REDACTED] indicated that Resident #7 had a Brief Interview of Mental Status of 7, meaning the resident had EX. Order 26.(4) B1 [REDACTED].</p> <p>Review of Section [REDACTED], Functional Status showed the resident was a two-person assist for mobility, transfers, and toilet use, and was a one-person physical assist for eating and dressing.</p> <p>On 02/08/22 at 11:15 AM, the surveyor reviewed Resident #7's current care plan which included a focus of EX. Order 26.(4) B1 [REDACTED], indicating the resident had a EX. Order 26.(4) B1 [REDACTED].</p> <p>On 02/08/23 at 12:00 PM, the surveyor reviewed Resident #7's Treatment Administration Record (TAR) for the months of EX. Order 26.(4) B1 [REDACTED] and EX. Order 26.(4) B1 [REDACTED].</p> <p>For the month of August, there were multiple wound care orders to the resident's EX. Order 26.(4) B1 [REDACTED] the care was being provided and the nursing staff were signing the orders as completed, meaning the resident did have a EX. Order 26.(4) B1 [REDACTED] in the month of EX. Order 26.(4) B1 [REDACTED].</p> <p>The surveyor then reviewed the TAR for the month of November and there were EX. Order 26.(4) B1 [REDACTED] care orders. 1.) cleanse EX. Order 26.(4) B1 [REDACTED] area to EX. Order 26.(4) B1 [REDACTED], apply EX. Order 26.(4) B1 [REDACTED], and cover with a bordered gauze twice daily, and</p>	F 641	<p>MDS coding accuracy for EX. Order 26.(4) B1 [REDACTED] for LTC residents will be assessed based on ARD</p> <p>Address what measures will be put into place or systemic changes made to ensure that the solutions are sustained.</p> <ul style="list-style-type: none"> - Review with the licensed staff the existing policy/protocol for EX. Order 26.(4) B1 [REDACTED] assessments. Inservice is planned by the nursing administration this week. - Weekly reminders for pressure ulcer assessments in morning meetings by DON/Unit managers and MDS Coordinators. - Make sure that MDS coding reflects the EX. Order 26.(4) B1 [REDACTED] accurately via the audits conducted by MDS Coordinators as described in #4. MDS coordinator will review documentation with licensed staff and providers to clarify any issues and assure documentation is updated in the EMR. <p>DON/Unit Managers/MDS will continue ensuring the timeliness and accuracy of pressure ulcer assessments. MDS Coordinators will ensure that the MDS coding reflects EX. Order 26.(4) B1 [REDACTED] correctly. Audit tool will be used by MDS Coordinators, with assistance of licensed staff, to compare all the ongoing MDS coding to EX. Order 26.(4) B1 [REDACTED] assessments weekly times 4 weeks, then monthly for residents with identified EX. Order 26.(4) B1 [REDACTED] who were due for MDS (that month) times 6 months, then quarterly until continued</p>	

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F 641	<p>Continued From page 2</p> <p>2.) Cleanse [REDACTED] area with [REDACTED] cleaner, apply [REDACTED] and over with border gauze twice daily. The nursing staff were signing the TAR as completed, indicating the resident had [REDACTED] [REDACTED] that were receiving treatments.</p> <p>On 02/09/23 at 10:16 AM, the surveyor reviewed the [REDACTED] quarterly MDS, under [REDACTED] conditions ([REDACTED] it was documented as "No [REDACTED]".</p> <p>The surveyor then reviewed the [REDACTED] weekly [REDACTED] evaluation, completed four days before the quarterly MDS was completed and it was documented that the resident had an [REDACTED] [REDACTED].</p> <p>The surveyor then reviewed the Comprehensive MDS dated [REDACTED], section [REDACTED] conditions, section [REDACTED] it was documented "No" for [REDACTED].</p> <p>On 02/09/23 at 11:00 AM, the surveyor then reviewed the weekly skin evaluation completed [REDACTED], the same day the comprehensive MDS was completed. It was documented that the resident had [REDACTED]. One medial back, [REDACTED], and [REDACTED], [REDACTED].</p> <p>On 02/16/23 at 11:23 AM, the surveyor interviewed the MDS coordinator regarding [REDACTED]. The MDS coordinator said she receives information about [REDACTED] from the unit manager or the nurse. The surveyor asked the MDS coordinator how the resident had a [REDACTED] on [REDACTED] and then did not have a [REDACTED] on [REDACTED] when the quarterly MDS was</p>	F 641	<p>compliance is maintained for 2 quarters.</p> <p>The results of these audits will be reviewed by the QAPI committee for evaluation.</p> <p>MDS assessments with miscoded [REDACTED] for this resident have been modified. [REDACTED] coding audit will be done for each resident who has been identified as having functional limitations in [REDACTED] and who require [REDACTED] or other restorative interventions due to limited [REDACTED]. Verification will be done to ensure that the MDS coding for those residents reflects correct [REDACTED] status of [REDACTED].</p> <p>The MDS department will review RAI guidance for coding functional limitation in [REDACTED] using examples and tips provided by the Manual.</p> <p>Functional [REDACTED] MDS coding will be monitored by MDS department via checking the accuracy of coding by two MDS Coordinators.</p> <p>To ensure the coding compliance, MDS department will utilize an audit tool to make sure that the identified functional limitations in [REDACTED] are coded correctly. It will be done weekly times 4 weeks for the ongoing LTC MDS assessments, then monthly for 6 months, and then quarterly.</p> <p>The results of these audits will be</p>

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F 641	<p>Continued From page 3</p> <p>done and then the [REDACTED] EX. Order 26.(4) B1 was again documented as present on [REDACTED] EX. Order 26.(4) B1, and then the resident did not have a [REDACTED] EX. Order 26.(4) B1 on [REDACTED] EX. Order 26.(4) B1, the time the Comprehensive MDS was completed. The MDS Coordinator told the surveyor "Sometimes the [REDACTED] EX. Order 26.(4) B1 or become [REDACTED] EX. Order 26.(4) B1".</p> <p>NJAC 8:39-33.2 (d)</p> <p>b. On 2/07/23 10:32 AM the surveyor observed Resident #181's [REDACTED] EX. Order 26.(4) B1 with a gauze roll in place for positioning. A family member was present.</p> <p>Review of the Admission Record showed that Resident #181 was admitted to the facility with medical diagnosis that included but were not limited to [REDACTED] EX. Order 26.(4) B1 [REDACTED]</p> <p>Review of the quarterly Minimum Data Sets (MDS), an assessment tool dated [REDACTED] EX. Order 26.(4) B1, and [REDACTED] EX. Order 26.(4) B1, indicated that Resident #181 had [REDACTED] EX. Order 26.(4) B1. The section for Functional Limitation in Range of Motion was coded as [REDACTED] EX. Order 26.(4) B1 indicating there was no limitation in the [REDACTED] EX. Order 26.(4) B1 of the [REDACTED] EX. Order 26.(4) B1.</p> <p>Review of the physician narrative notes dated [REDACTED] EX. Order 26.(4) B1, and [REDACTED] EX. Order 26.(4) B1 reflected that Resident #181 had a [REDACTED] EX. Order 26.(4) B1.</p> <p>During an interview on 2/14/23 at 11:58 AM the MDS Coordinator acknowledged that Resident #181 had a [REDACTED] EX. Order 26.(4) B1 of the [REDACTED] EX. Order 26.(4) B1 which should have been coded on the [REDACTED] EX. Order 26.(4) B1, and [REDACTED] EX. Order 26.(4) B1 Quarterly MDSs.</p>	F 641	<p>reviewed by the QAPI committee for review.</p>

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F 641	Continued From page 4	F 641		
F 658 SS=D	<p>NJAC 8.39-11.1</p> <p>Services Provided Meet Professional Standards CFR(s): 483.21(b)(3)(i)</p> <p>§483.21(b)(3) Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan, must-</p> <p>(i) Meet professional standards of quality. This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview, and record review, it was determined that the facility failed to maintain professional standards of practice by a.) ensuring a physician order was in place to check for proper EX. Order 26.(4) B1 and EX. Order 26.(4) B1 contents, and b.) accurately document EX. Order 26.(4) B1 and EX. Order 26.(4) B1 content for 1 of 25 residents (Resident #65) reviewed for professional standards of nursing practice.</p> <p>Reference: New Jersey Statutes Annotated, Title 45. Chapter 11. Nursing Board. The Nurse Practice Act for the State of New Jersey states: "The practice of nursing as a registered professional nurse is defined as diagnosing and treating human responses to actual and potential physical and emotional health problems, through such services as casefinding, health teaching, health counseling, and provision of care supportive to or restorative of life and wellbeing, and executing medical regimens as prescribed by a licensed or otherwise legally authorized physician or dentist."</p> <p>Reference: New Jersey Statutes Annotated, Title</p>	F 658	<p>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</p> <p>Resident 1 was identified with EX. Order 26.(4) B1 left undated. EX. Order 26.(4) B1 changed and dated as per policy. EX. Order 26.(4) B1 changed and dated as per policy.</p> <p>Residents who reside in the facility who utilize supplemental EX. Order 26.(4) B1 have the potential to be affected by the same alleged deficient practice. The additional residents in the facility who utilize supplemental EX. Order 26.(4) B1 and require EX. Order 26.(4) B1 and EX. Order 26.(4) B1 were audited bottle changes as per protocol. Task will be placed for residents who utilize supplemental EX. Order 26.(4) B1 to have EX. Order 26.(4) B1</p>	3/13/23

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F 658	<p>Continued From page 5</p> <p>45, Chapter 11. Nursing Board. The Nurse Practice Act for the State of New Jersey states: "The practice of nursing as a licensed practical nurse is defined as performing tasks and responsibilities within the framework of casefinding; reinforcing the patient and family teaching program through health teaching, health counseling and provision of supportive and restorative care, under the direction of a registered nurse or licensed or otherwise legally authorized physician or dentist."</p> <p>The evidence was as follows:</p> <p>On 2/7/23 at 10:08 AM, on initial tour of the facility, the surveyor observed Resident #65 in his/her room sitting in a wheelchair having just returned from therapy. The resident was [REDACTED] to EX. Order 26.(4) B1 with the surveyor but was able to [REDACTED] his/her [REDACTED] and use [REDACTED] to say hello. The surveyor observed that Resident #65 had a EX. Order 26.(4) B1 [REDACTED] (a EX. Order 26.(4) B1 through the EX. Order 26.(4) B1 [REDACTED], used for EX. Order 26.(4) B1 placed.</p> <p>On 2/8/23 at 10:08 AM, the surveyor reviewed the medical record for Resident #65.</p> <p>A review of the Face Sheet (an admission summary) reflected that the resident was originally admitted to the facility in [REDACTED] of [REDACTED] with diagnosis which included but not limited to EX. Order 26.(4) B1 [REDACTED] following</p>	F 658	<p>and EX. Order 26.(4) B1 changed and dated weekly per facility policy.</p> <p>Review/revise existing policy/protocol to include those areas that require [REDACTED] and EX. Order 26.(4) B1 changes. Resident care staff will be in-serviced on the facility's EX. Order 26.(4) B1 and EX. Order 26.(4) B1 change process including use of competency test to show understanding of policy and process. The DON/designee will complete weekly resident rounding audit on Mondays for residents with supplemental [REDACTED] to ensure [REDACTED] and EX. Order 26.(4) B1 changed and dated weekly per facility policy.</p> <p>To ensure compliance, the DON/Designee is responsible for the completion of the EX. Order 26.(4) B1 change" audit tool weekly times 4 weeks, monthly for 6 months and then quarterly to encompass all shifts until continued compliance is maintained for 2 consecutive quarters. The results of these audits will be reviewed by the QAPI committee. The QAPI Committee will identify any trends or patterns and make recommendations to revise the plan of correction as indicated.</p>	

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F 658	<p>Continued From page 6</p> <p>EX. Order 26.(4) B1</p> <p>[REDACTED]</p> <p>A review of the most recent quarterly Minimum Data Set (MDS), an assessment tool, dated EX. Order 26.(4) B1 reflected a brief interview for mental status (BIMS) score of EX. OR which indicated the resident was unable to complete the interview. A further review reflected the resident was receiving EX. Order or more of their nutrition by EX. Order 26.(4) B1.</p> <p>A review of the resident's individualized resident-centered Care Plan initiated on EX. Order 26.(4) B1, included a focused care area for EX. OR related to EX. Order 26.(4) B1 or EX. Order 26.(4) B1, as a symptom of disease), indicating the resident had a EX. Order 26.(4) B1 placed on EX. Order 26.(4) B1. This care area had a goal that the resident will remain free of side effects or complications related to EX. Order 26.(4) B1 and will be EX. Order 26.(4) B1 [REDACTED]). Upon initial review of the resident's care plan, there was no interventions to check EX. Order 26.(4) B1 or check for EX. Order 26.(4) B1 content prior to initiating EX. Order 26.(4) B1 medication or fluid.</p> <p>On 2/13/23, after surveyor inquiry, the facility provided a care plan which included intervention to check EX. Order 26.(4) B1 EX. Order 26.(4) B1, visual inspection of EX. Order 26.(4) B1 content prior to EX. Order 26.(4) B1, initiating EX. Order 26.(4) B1 when there is an interruption of EX. Order 26.(4) B1 every shift.</p> <p>A review of the resident's physician's orders (PO)</p>	F 658		

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F 658	<p>Continued From page 7</p> <p>included an active order started on EX. Order 26.(4) B1 for EX. Order 26.(4) B1 diet, an active order on EX. Order 26.(4) B1 for EX. Order 26.(4) B1 every four (4) hours: EX. Order 26.(4) B1 with EX. Order 26.(4) B1 milliliters (mL) EX. Order 26.(4) B1 for a total of EX. Order 26.(4) B1 mL per EX. Order 26.(4) B1, an active order for EX. Order 26.(4) B1 every shift to start at EX. Order 26.(4) B1: administer EX. Order 26.(4) B1 mL per hour to provide EX. Order 26.(4) B1 mL total in EX. Order 26.(4) B1 hours, and an active order dated EX. Order 26.(4) B1 to maintain EX. Order 26.(4) B1 while EX. Order 26.(4) B1 and for EX. Order 26.(4) B1 after EX. Order 26.(4) B1.</p> <p>On 2/8/23 at 12:23 PM, the surveyor interviewed the Registered Nurse Supervisor (RNS) in the presence of the Licensed Practical Nurse Unit Manager (LPN/UM). The RNS stated nurses should be checking EX. Order 26.(4) B1 placement and residual between EX. Order 26.(4) B1, before hanging new EX. Order 26.(4) B1, and at the end of each shift. The RNS stated this should be documented on the medication administration record (MAR) or treatment administration record (TAR) but would require a physician order to appear in the MAR or TAR to be signed off. The RNS and the LPN/UM looked through Resident #65's electronic medical record and were unable to locate any documentation from nursing indicating this was being done. The RNS confirmed there was no order in place for checking EX. Order 26.(4) B1 placement or EX. Order 26.(4) B1 and stated, "there should be an order for it."</p> <p>On 2/15/23 at 12:09 PM, in the presence of the Licensed Nursing Home Administrator (LNHA) and the survey team, the surveyor interviewed the Director of Nursing (DON). The DON stated nurses look at the EX. Order 26.(4) B1 and should EX. Order 26.(4) B1 EX. Order 26.(4) B1</p>	F 658			

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F 658	Continued From page 8 and [REDACTED] prior to initiating [REDACTED] or administering medication or [REDACTED] to ensure the [REDACTED] is in place in the [REDACTED] and administered supplements or medication are not going to be administered into the [REDACTED] or cause [REDACTED]. The DON further stated this is part of nursing and had to have an order to show up and be signed on the MAR or TAR, and that there "should have been and order to check for EX. Order 26.(4) B1."	F 658			
F 695 SS=D	NJAC 8:39- 27.1(a) Respiratory/Tracheostomy Care and Suctioning CFR(s): 483.25(i) § 483.25(i) Respiratory care, including tracheostomy care and tracheal suctioning. The facility must ensure that a resident who needs respiratory care, including tracheostomy care and tracheal suctioning, is provided such care, consistent with professional standards of practice, the comprehensive person-centered	F 695		3/17/23	

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F 695	<p>Continued From page 9</p> <p>care plan, the residents' goals and preferences, and 483.65 of this subpart.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview, record review, and review of pertinent facility documents, it was determined that the facility failed to ensure EX. Order 26.(4) B1 equipment was dated properly. This deficient practice was identified for 1 of 2 residents (Resident #1) reviewed for EX. Order 26.(4) B1 care and the evidence was as follows:</p> <p>On 2/7/23 at 10:33 AM, the surveyor observed Resident #1 in his/her room. The resident was in bed and had on an EX. Order 26.(4) B1 (a device used to deliver supplemental EX. Order 26.(4) B1 which was attached to an EX. Order 26.(4) B1 with a EX. Order 26.(4) B1 (a medical device that increases the EX. Order 26.(4) B1 while using EX. Order 26.(4) B1). Neither the EX. Order 26.(4) B1 nor the EX. Order 26.(4) B1 were dated with the date they were changed.</p> <p>On 2/14/23 at 11:21 AM, the surveyor observed Resident #1 in his/her room resting in a EX. Order 26.(4) B1 chair (a EX. Order 26.(4) B1 chair that was designed to help seniors with EX. Order 26.(4) B1). The resident was receiving EX. Order 26.(4) B1 via EX. Order 26.(4) B1 and EX. Order 26.(4) B1 bottle. Neither the EX. Order 26.(4) B1 nor the EX. Order 26.(4) B1 were dated. At this time, the surveyor found the Licensed Practical Nurse Unit Manager (LPN/UM) to confirm that these devices were not dated.</p> <p>On 2/14/23 at 11:57 AM, the surveyor interviewed the LPN/UM who stated EX. Order 26.(4) B1 were changed every one to two weeks by the 11 PM - 7 AM shift and must be dated. The LPN/UM further stated that properly dating this equipment is</p>	F 695	<p>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</p> <p>Resident 65 had the following physician orders placed in response to surveyor finding:</p> <ul style="list-style-type: none"> o EX. Order 26.(4) B1 for EX. Order 26.(4) B1 through EX. Order 26.(4) B1 prior to EX. Order 26.(4) B1, or EX. Order 26.(4) B1 on the TAR (every shift). o No routine check for EX. Order 26.(4) B1 per physician order. Notify MD for additional orders if resident condition changes related to EX. Order 26.(4) B1 on the TAR (every shift). <p>Residents who reside in the facility with a EX. Order 26.(4) B1 have the potential to be affected by the same alleged deficient practice. An audit was done of facility residents and no additional residents identified in the facility with EX. Order 26.(4) B1. New admission charts will be audited after admission for EX. Order 26.(4) B1 and DON/Designee will ensure physician orders are placed for EX. Order 26.(4) B1 checks and EX. Order 26.(4) B1 check as</p>	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315182	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/21/2023
NAME OF PROVIDER OR SUPPLIER BRIDGEWAY CARE AND REHAB CENTER AT BRIDGEWATER			STREET ADDRESS, CITY, STATE, ZIP CODE 270 ROUTE 28 BRIDGEWATER, NJ 08807	
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F 695	<p>Continued From page 10</p> <p>important especially with having agency staff "which is all the time," to know when and if it was changed. At this time in the presence of the surveyor, the LPN/UM inspected Resident #1's EX. Order 26.(4) B1 and EX. Order 26.(4) B1 and confirmed that they were not dated.</p> <p>The surveyor reviewed the medical record for Resident #1:</p> <p>A review of the Face Sheet (an admission summary) reflected that the resident was originally admitted to the facility in EX. Order 26.(4) B1 of EX. Order 26.(4) B1 with diagnoses which included but were not limited to EX. Order 26.(4) B1 (a EX. Order 26.(4) B1), and EX. Order 26.(4) B1 disease (EX. Order 26.(4) B1).</p> <p>A review of the most recent quarterly Minimum Data Set (MDS), an assessment tool, dated EX. Order 26.(4) B1, reflected a brief interview for mental status (BIMS) score of EX. Order 26.(4) B1, which indicated EX. Order 26.(4) B1. A further review reflected the resident utilized EX. Order 26.(4) B1 therapy.</p> <p>A review of the resident's individualized resident-centered Care Plan initiated on EX. Order 26.(4) B1 included a focused care area for EX. Order 26.(4) B1 (EX. Order 26.(4) B1) related to EX. Order 26.(4) B1 amount of EX. Order 26.(4) B1.</p> <p>A review of the resident's physician's orders (PO) included an active order started on EX. Order 26.(4) B1 for EX. Order 26.(4) B1 at EX. Order 26.(4) B1 by EX. Order 26.(4) B1 continuous EX. Order 26.(4) B1 every shift for</p>	F 695	<p>directed by physician.</p> <p>Review/revise existing policy to include those areas that require orders. Resident care nurses will be in-serviced on the facility's EX. Order 26.(4) B1 Policy including use of competency test to show understanding of policy and process. The DON/designee will complete chart review audit for residents with EX. Order 26.(4) B1 to ensure Physician orders for EX. Order 26.(4) B1 check and EX. Order 26.(4) B1 check are in place.</p> <p>To ensure compliance, the DON/Designee is responsible for the completion of the EX. Order 26.(4) B1 order" audit tool weekly times 4 weeks, monthly for 6 months and then quarterly until continued compliance is maintained for 2 consecutive quarters. The results of these audits will be reviewed by the QAPI committee. The QAPI Committee will identify any trends or patterns and make recommendations to revise the plan of correction as indicated.</p>	

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

PRINTED: 06/06/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315182	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 02/21/2023
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F 695	Continued From page 11 EX. Order 26 Review of the facility's EX. Order 26.(4) B1 and Accessories" policy and procedure with effective date 4/15/19 included under the section labeled "procedure": "1. Nursing is responsible for changing EX. Order 26.(4) B1 devices in accordance with the following: a. the following accessories should be changed and dated as needed but at least a minimum of weekly on Sundays by the night shift (or as needed); this includes EX. Order 26.(4) B1 or EX. Order 26.(4) EX. Order 26.(4) B1 ." NJAC 8:39 - 25.2(c)4	F 695			

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 061811	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/21/2023
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S 000	Initial Comments 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: Based on interviews, and review of pertinent facility documentation, it was determined that the facility failed to a.) maintain the required minimum direct care staff-to-resident ratios for the day shift. The facility was deficient in CNA staffing for residents on 3 of 14 day shifts and b.) to ensure Infection Preventionist who was assigned to oversee the infection prevention and control program met the requirement that the facility designates a full-time employee in the infection control role with no other responsibilities as mandated by the State of New Jersey. This deficient practice was evidenced by the following: a. Findings include:	S 560	The facility works to staff on a daily basis based on at a minimum the standards as set forth by the state of New Jersey. On the dates reviewed during the annual state survey, we appeared to not have sufficient staff for the days reviewed. Not from a lack of trying, as we attempted to utilize staffing agencies and paid additional incentives to our staff to pick up shifts. Our staffing system posts all our open positions allowing for staff and agency personnel to pick up those shifts. We post openings to be able to satisfy, at a minimum, the 1 C.N.A to 8 residents ratio on the day shift, 1 to 10 on the evening and 1 to 14 at night.	3/13/23

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

TITLE

(X6) DATE

Electronically Signed

03/12/23

New Jersey Department of Health

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S 560	<p>Continued From page 1</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 at N.J.S.A. 30:13-18 (the Act), which established minimum staffing requirements in nursing homes. "Direct care staff member" means any registered professional nurse, licensed practical nurse, or certified nurse aide who is acting in accordance with that individual's authorized scope of practice and pursuant to documented employee time schedules. The following ratio(s) were effective on 02/01/2021:</p> <p>One CNA to every eight residents for the day shift.</p> <p>One direct care staff member to every 10 residents for the evening shift, provided that no fewer than half of all staff members shall be CNAs, and each direct staff member shall be signed in to work as a CNA and shall perform nurse aide duties, and</p> <p>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>As per the "Nurse Staffing Report" completed by the facility for the weeks of 1/22/23-1/28/23 and 1/29/23-2/4/23, the staffing-to-resident ratios that did not meet the minimum requirement of 1 CNA to 8 residents for the day shift are documented below:</p> <p>-01/22/23 had 15 CNAs for 130 residents on the day shift, required 16 CNAs.</p>	S 560	<p>We contract with numerous agencies to fill any remaining openings. We offer incentives to our staff and those in the agency to get those shifts filled. We have a staffing coordinator dedicated to obtaining the necessary staff. Aside from that person we have other nursing supervisors and managers that help in making any necessary phone calls and outreach to get the positions filled.</p> <p>Our company is working tirelessly on recruiting qualified licensed personnel so that we can reduce agency usage and fill the open positions we have. We will continue to post on our schedule so that we can attempt to fulfill the need for a 1 to 8 ratio on the day shift as identified in the 2567.</p> <p>The facility is actively interviewing for a full-time infection preventionist. Until an individual is hired, 70% of the Infection Preventionist role will go to an individual staff member, while the remaining 30% will be dispersed to other appropriate staff members with designated responsibilities which fall under the scope of the Infection Preventionist.</p> <p>Staffing Coordinator/designee will monitor staffing ratios daily and will report any days where staffing is lower than recommended. Data will be tracked and reported in the facilities monthly QAPI meeting.</p> <p>Recruiting efforts for the facilities infection Preventionist will be documented and reported in the facilities QAPI meeting.</p>	

New Jersey Department of Health

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S 560	<p>Continued From page 2</p> <p>-01/28/23 had 15 CNAs for 129 residents on the day shift, required 16 CNAs. -01/29/23 had 13 CNAs for 129 residents on the day shift, required 16 CNAs.</p> <p>During an interview with the surveyor on 2/17/23 at 9:55 AM, the Staffing Coordinator stated that the staff-to-resident ratios were 1:8 on day shift, 1:10 on evenings and 1:15 on night shift. She further stated that we try our best, but there are things out of the facility control.</p> <p>A review of the facility provided policy titled Staffing, Sufficient and Competent Nursing reflects 8. Minimum staffing requirements imposed by the state, if applicable, are adhered to when determining staff ratios ...</p> <p>b. Findings include:</p> <p>Reference: New Jersey Executive Directive 20-026 "Directive for the Resumption of Services in all Long-Term Care Facilities" dated 1/6/21, directs the following:</p> <p>a. Facilities with 100 beds...:</p> <p>1.) Hire a full-time employee in the infection prevention role, with no other responsibilities and must attest to hiring no later than August 10, 2021." (*extended to February 1, 2022)</p> <p>During entrance conference on 02/07/23 at 10:25 AM, the surveyor asked the Administrator in the presence of the Director of Nursing (DON), who was responsible for the facility's infection control and prevention program. The Administrator responded that the facility's current DON was promoted from the Infection control role and was responsible for both roles, while they were</p>	S 560		

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S 560	<p>Continued From page 3</p> <p>seeking out a replacement staff.</p> <p>Review of a timeline presented to the surveyor by the Administrator, confirmed that the Infection Preventionist position had been vacant since September 2022, approximately 5 months.</p> <p>On 02/21/23 at 12:46 PM in the presence of the survey team and the DON, the Administrator acknowledged that the facility was actively trying to hire a full-time Infection Preventionist as stated in the State regulations and that they interviewed a potential candidate the night before on 02/20/23. The Administrator and the DON confirmed that they were both aware of the State regulation and of the staffing ratios.</p>	S 560		