

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

PRINTED: 03/14/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315005	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 07/23/2021
NAME OF PROVIDER OR SUPPLIER SPRING GROVE REHABILITATION AND HEALTHCARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 144 GALES DRIVE NEW PROVIDENCE, NJ 07974		
(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 Complaint #: NJ146040, NJ145908, and NJ144708 Census: 83 Sample Size: 9 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 survey.	F 000			
F 553 SS=D	Right to Participate in Planning Care CFR(s): 483.10(c)(2)(3) §483.10(c)(2) The right to participate in the development and implementation of his or her person-centered plan of care, including but not limited to: (i) The right to participate in the planning process, including the right to identify individuals or roles to be included in the planning process, the right to request meetings and the right to request revisions to the person-centered plan of care. (ii) The right to participate in establishing the expected goals and outcomes of care, the type, amount, frequency, and duration of care, and any other factors related to the effectiveness of the plan of care. (iii) The right to be informed, in advance, of changes to the plan of care. (iv) The right to receive the services and/or items included in the plan of care. (v) The right to see the care plan, including the right to sign after significant changes to the plan of care. §483.10(c)(3) The facility shall inform the resident of the right to participate in his or her treatment and shall support the resident in this right. The	F 553		8/12/21	

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

TITLE

(X6) DATE

Electronically Signed

08/11/2021

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 553	<p>Continued From page 1 planning process must-</p> <p>(i) Facilitate the inclusion of the resident and/or resident representative. (ii) Include an assessment of the resident's strengths and needs. (iii) Incorporate the resident's personal and cultural preferences in developing goals of care. This REQUIREMENT is not met as evidenced by: Complaint Intake NJ145908</p> <p>Based on record review, facility policy review, and interviews, it was determined that the facility failed to ensure the resident was able to participate in the care planning process. Specifically, the facility failed to ensure a resident received scheduled resident-involved care conferences. This affected 1 (Resident #2) of 3 residents reviewed for care conferences.</p> <p>Findings included:</p> <p>1. Resident #2 was re-admitted to the facility on [REDACTED] with original admission of [REDACTED]. Diagnoses included [REDACTED]. The 5-day Minimum Data Set (MDS) dated [REDACTED] revealed the resident had [REDACTED] with a score of [REDACTED] out of [REDACTED] and exhibited no behaviors. The resident required extensive assistance for dressing and toileting.</p> <p>Resident #2 was interviewed on 07/22/2021 at 8:38 AM. The resident said their care conferences were not getting done and he/she was concerned.</p>	F 553	<p>1. Care Plan meeting was held with Resident #2 and Interdisciplinary Team on 7/23/21</p> <p>2. All residents have the potential to be affected</p> <p>3. A. All residents were audited for Interdisciplinary Care Conferences on 7/30/21. B. Residents identified of missing a care conference had care conference completed with resident or family on by 8/3/21 C. Interdisciplinary team was in-serviced care conferences requirements on 7/23/2021 D. Administrator or designee will review scheduled care plan meeting schedule weekly to ensure completion. E. MDS coordinator will send calendar of scheduled care conferences to Interdisciplinary team at beginning of each month.</p> <p>4. A. Administrator or designee will audit 10 residents weekly for 4 weeks and then monthly for 3 months for documentation</p>		

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F 553	<p>Continued From page 2</p> <p>A review of the care plan progress notes revealed a care conference was completed on [REDACTED], [REDACTED], and [REDACTED]. A review of the care conference meeting documentation revealed a care conference was done on [REDACTED] and [REDACTED]. There were missing care conferences from 09/11/2020 to the present.</p> <p>The Regional Registered Nurse (RRN) #3 and the Nursing Home Administrator (NHA) were interviewed on 07/23/2021 at 10:49 AM. They said care conferences were completed on admission and quarterly. The RRN said she was unsure why this resident's care conferences were missed. She said they were completing a care conference now. They said the social worker oversaw care conference reviews, but the social worker was currently out of the facility on leave.</p> <p>A review of the facility's Comprehensive Person-Centered Care Plans policy, undated, revealed in part, "Each resident's comprehensive person-centered care plan will be consistent with the resident's right to participate in the development and implementation of his or her plan of care, including the right to: participate in the planning process, identify individuals or roles to be included, request meetings, request revisions to the plan of care, participate in establishing the expected goals and outcomes of care, participate in determining the type, amount, frequency and duration of care, receive services and/or items included in the plan of care, and see the care plan and sign it after significant changes are made ...The resident will be informed of his or her right to participate in his or her treatment ...The interdisciplinary (IDT) team must review and update the care plan ...at least quarterly, in conjunction with the required MDS assessment."</p>	F 553	<p>of care conference meeting was held and resident or representative was invited and/or attended.</p> <p>B. Results of the audits will be reported to the QA committee Monthly.</p> <p>C. The QAPI Committee will make recommendations based upon the results of the audits.</p> <p>D. The QAPI Committee will recommend tapering and dissolution of audits once consistent compliance has been achieved.</p>		

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F 553	Continued From page 3	F 553			
F 580 SS=D	<p>New Jersey Administrative Code § 8:39-4.1(a)3 Notify of Changes (Injury/Decline/Room, etc.) CFR(s): 483.10(g)(14)(i)-(iv)(15)</p> <p>§483.10(g)(14) Notification of Changes. (i) A facility must immediately inform the resident; consult with the resident's physician; and notify, consistent with his or her authority, the resident representative(s) when there is-</p> <p>(A) An accident involving the resident which results in injury and has the potential for requiring physician intervention; (B) A significant change in the resident's physical, mental, or psychosocial status (that is, a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications); (C) A need to alter treatment significantly (that is, a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or (D) A decision to transfer or discharge the resident from the facility as specified in §483.15(c)(1)(ii).</p> <p>(ii) When making notification under paragraph (g) (14)(i) of this section, the facility must ensure that all pertinent information specified in §483.15(c)(2) is available and provided upon request to the physician. (iii) The facility must also promptly notify the resident and the resident representative, if any, when there is-</p> <p>(A) A change in room or roommate assignment as specified in §483.10(e)(6); or (B) A change in resident rights under Federal or State law or regulations as specified in paragraph (e)(10) of this section.</p>	F 580		8/12/21	

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F 580	<p>Continued From page 4</p> <p>(iv) The facility must record and periodically update the address (mailing and email) and phone number of the resident representative(s).</p> <p>§483.10(g)(15) Admission to a composite distinct part. A facility that is a composite distinct part (as defined in §483.5) must disclose in its admission agreement its physical configuration, including the various locations that comprise the composite distinct part, and must specify the policies that apply to room changes between its different locations under §483.15(c)(9). This REQUIREMENT is not met as evidenced by: Complaint Intake: NJ145908 and NJ144708</p> <p>Based on interviews, records review, and facility policy review, it was determined that the facility failed to ensure the resident's representative was informed of a change in medication for 1 (Resident #3) of 3 residents reviewed for notification of changes in condition.</p> <p>Findings included:</p> <p>1. Resident #3 was admitted on [REDACTED] and discharged on [REDACTED] to the hospital. Diagnoses included [REDACTED]</p> <p>[REDACTED] The admission Minimum Data Set (MDS) dated [REDACTED] revealed the resident had [REDACTED] with a Brief Interview for Mental Status (BIMS) score of [REDACTED] out of [REDACTED]. No behaviors were exhibited during the look-back period.</p>	F 580	<p>1. Resident #3 was discharged from the facility on [REDACTED]</p> <p>2. All Residents have the potential to be affected.</p> <p>3.</p> <p>A. Licensed Nurse were in-serviced on Notifying residents and/or representatives of changes in condition including changes in medication on 8/8/2021 B. Unit Manager will review Order report for previous day daily to ensure resident and/or representative was notified of changes and documented in progress note.</p> <p>4.</p> <p>A. Director of Nursing or designee will conduct audits on 5 residents weekly for 4 weeks and then monthly for 3 months to</p>		

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F 580	<p>Continued From page 5</p> <p>The care plan, initiated [REDACTED], revealed the resident had episodes of [REDACTED]. The care plan included, "This is not new, and family does not want further work up due to my age." Interventions included [REDACTED] was discontinued [or [REDACTED]], monitor for [REDACTED] monitor/document report to medical doctor (MD) as needed (PRN) following signs and symptoms (s/sx) [REDACTED]."</p> <p>The resident's family member was interviewed on 07/22/2021 at 1:49 PM. The family said that while the resident was in the hospital, they had asked about the resident's [REDACTED]. The family said they were not aware the resident had been taken off the medication while at the facility until the hospitalization on [REDACTED].</p> <p>The resident's family was interviewed again on 07/23/2021 at 11:56 AM. The family member said they had been the resident's power of attorney for years. The family member said the resident's [REDACTED] was normal for the resident. The family said the [REDACTED] would continue for a few days, and then stop. The family said the resident was supposed to have had [REDACTED] for the [REDACTED] [REDACTED] a while back, but that it never happened. The family said the resident had a heart attack during the hospital stay on [REDACTED], which was after the [REDACTED] was discontinued. The family said the resident should have been on [REDACTED] due to the resident's [REDACTED]. The family said they were never notified of the discontinuation of [REDACTED] while the resident was at the nursing home.</p> <p>A review of the [REDACTED] medication administration record (MAR) revealed the</p>	F 580	<p>ensure resident and/or representatives were notified of medication changes timely.</p> <p>B. Results of the audits will be reported to the QA committee monthly</p> <p>C. The QAPI Committee will make recommendations based upon the results of the audits.</p> <p>D. The QAPI Committee will recommend tapering and dissolution of audits once consistent compliance has been achieved.</p>		

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F 580	<p>Continued From page 6</p> <p>resident was on [REDACTED] tablet [REDACTED] milligrams (mg) from [REDACTED] when admitted, through [REDACTED]. It was given by mouth for [REDACTED]. The medication may increase risk of [REDACTED], observe for [REDACTED]. The start date was [REDACTED] and the discontinued date was [REDACTED]. The resident was not on [REDACTED] from [REDACTED] through [REDACTED].</p> <p>A review of the general progress note dated [REDACTED] at 2:21 AM revealed the resident was noted to have a small amount of [REDACTED] on the incontinence brief and was on [REDACTED].</p> <p>A review of the care plan progress note dated [REDACTED] at 2:04 PM revealed the genital [REDACTED] was discussed, and the resident's family member stated it was not new.</p> <p>A review of the general progress note dated [REDACTED] at 3:34 PM revealed the registered nurse (RN) and certified nurse aide (CNA) noticed [REDACTED] coming from the [REDACTED] and it was a minimal amount.</p> <p>A review of the general progress note dated [REDACTED] at 3:42 PM revealed the family member was notified of the resident's [REDACTED]. The note also revealed the [REDACTED] was not new and the resident was supposed to have had [REDACTED] for it that never happened. At 3:35 PM, the note revealed a call was placed to the family member regarding the resident's [REDACTED] (a [REDACTED]).</p> <p>A review of the nursing daily skilled note dated [REDACTED] at 8:51 PM revealed the physician was made aware of the [REDACTED].</p>	F 580		
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F 580	<p>Continued From page 7</p> <p>and discontinued the [REDACTED]. The note also revealed the resident's family member was aware of the [REDACTED]. There was no mention of the resident's family member being notified of the order to discontinue [REDACTED].</p> <p>A review of the physician note dated [REDACTED] at 10:56 PM revealed the resident was noted to have had some [REDACTED] on that day. The note also revealed the systemic anticoagulation was discontinued secondary to [REDACTED] and conservative treatment of [REDACTED], given the resident's advanced age and underlying medical issues. The note further revealed the physician discussed with the patient, family, and consultant nursing, but the note did not specify what was discussed with the family.</p> <p>The progress notes reviewed from 02/22/2021 through 03/08/2021 showed no documentation of family notification specific to the discontinuation of [REDACTED].</p> <p>The Unit Manager (UM) was interviewed on 07/23/2021 at 9:09 AM. She said the resident's family was notified of the [REDACTED] according to the notes. She said she would confer with the doctor to see if the discontinuation of the medication was discussed.</p> <p>The physician was interviewed on 07/23/2021 at 10:52 AM. He said this resident was taken off [REDACTED] because of the resident's [REDACTED]. He said he talked to the family regarding the resident's medical condition and because the discontinuation of [REDACTED] was a major change. He said the resident was not on any other [REDACTED].</p>	F 580			

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F 580	Continued From page 8 The Change in a Resident's Condition or Status facility policy, undated, revealed in part, "Unless otherwise instructed by the resident, a nurse will notify the resident's representative when ...there is a significant change in the resident's physical, mental or psychosocial status ...Except in medical emergencies, notifications will be made within twenty-four (24) hours of a change occurring in the resident's medical/mental health condition or health status." New Jersey Administrative Code § 8:39-5.1(a)	F 580		