

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

PRINTED: 07/21/2023  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>315259</b>		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>09/21/2022</b>	
NAME OF PROVIDER OR SUPPLIER  <b>PROMEDICA SKILLED NURSING &amp; REHAB (MOUNTAINSIDE)</b>				STREET ADDRESS, CITY, STATE, ZIP CODE <b>1180 ROUTE 22 WEST</b> <b>MOUNTAINSIDE, NJ 07092</b>			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			D 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#: NJ00156652, NJ00153318 NJ00157869, NJ00153317  CENSUS: 129  SAMPLE SIZE: 4  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 VISIT.			F 000			
F 609 SS=D	Reporting of Alleged Violations CFR(s): 483.12(c)(1)(4)  §483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must:  §483.12(c)(1) Ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to the administrator of the facility and to other officials (including to the State Survey Agency and adult protective services where state law provides for jurisdiction in long-term care facilities) in accordance with State law through established procedures.  §483.12(c)(4) Report the results of all			F 609			10/18/22

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

TITLE

(X6) DATE

Electronically Signed

10/05/2022

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 609	<p>Continued From page 1</p> <p>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# NJ00153318</p> <p>Based on interviews, record review, and review of pertinent facility documentation on 9/21/22, it was determined that the facility staff failed to immediately report an allegation of staff to resident physical abuse to the Administrator, as well as follow the facility's own "Abuse Neglect, Mistreatment, and Misappropriation" policy for 1 of 4 residents (Resident #4) reviewed for abuse investigation. This deficient practice is evidenced by the following:</p> <p>The Facility Reportable Event (FRE) reported to the New Jersey Department of Health (NJ DOH) on 3/17/22, showed that Resident #4 called the police on 3/10/22 because the Certified Nursing Assistant (CNA #1) slapped him/her. The FRE revealed that CNA #1 reported the aforementioned incident to the Administrator and the Director of Nursing (DON) on 3/17/22, 7 days after the alleged physical abuse. CNA #1 was suspended pending investigation and Resident #4 was assessed and there were no injuries found.</p> <p>The facility's Investigation Report (IR) dated 3/17/22 documented by the Director of Nursing (DON) showed that Resident #4 alleged that CNA#1 slapped him/her (did not specify what part of the body). The IR revealed that CNA #1 tried to prevent the Resident from entering room [REDACTED] for</p>	F 609	<p>Corrective Action: LPN#1 and CNA#1 were retrained on reporting of alleged violations immediately to the Abuse Coordinator. The allegation made by resident R4 was reported immediately to the NJDOH and to the local authorities upon notification of the allegation. Resident R4 was assessed and had no injuries. Other staff received reeducation on reporting of alleged violations immediately to the Abuse Coordinator.</p> <p>Potential to Affect: All residents have the potential to be affected.</p> <p>Systemic Change: Administrator/Director of Nursing or designee will reeducate staff on reporting of alleged violations immediately to the Abuse Coordinator. Allegations of abuse, neglect, misappropriation and injuries of unknown source will be reported immediately no later than 2 hours upon discovery to local authorities and to the NJDOH.</p> <p>Monitoring Administrator/Director of Nursing or Designee will review incident reports to</p>		

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F 609	<p>Continued From page 2</p> <p>safety reasons. The Resident got upset and started [REDACTED] when the CNA provided redirection and pulled the Resident away from the room.</p> <p>Attached with the IR, CNA #1's Statement dated 3/17/22 revealed that on 3/10/22 at 10:30 pm, Resident #4 wheeled himself/herself to room [REDACTED] to obtain the stuff that the Resident left in the room, CNA #1 intercepted and offered to get the stuff, but the Resident insisted to go in the room. CNA #1 wheeled the Resident away from room [REDACTED] towards the nurse's station for safety reason. During that time, the Resident [REDACTED], stated that he/she will call the police, then told the Licensed Practical Nurse (LPN #1) that CNA #1 slapped him/her. The IR indicated that CNA #1 denied slapping Resident #4 and that another staff (CNA #2) witnessed the incident.</p> <p>Attached with the IR, the statement from CNA #2 dated 3/17/22, revealed that CNA #2 saw CNA #1 wheeled the Resident towards the nurse's station while Resident #4 loudly stated that he/she will call the police. CNA #2 was unaware why the Resident would call the police and she did not see CNA #1 hit or slapped Resident #4.</p> <p>Attached with the IR the statement from LPN #1 on 3/17/22. documented by the DON showed that the Resident reported to LPN #1 about a staff member (CNA #1) slapping him/her. LPN #1 knew what is abuse and aware that the Administrator is the abuse coordinator. However, the LPN did not notify the Administrator or designee about the aforementioned incident which was an allegation of abuse.</p> <p>The facility's IR showed that upon conclusion of</p>	F 609	<p>ensure allegations of abuse, neglect, misappropriation, and injuries of unknown source are reported immediately to the abuse coordinator. The Administrator/Director of Nursing or Designee will also conduct random interviews with staff to ensure alleged violations are reported immediately to the abuse coordinator. These audits will be done three days per week x 4 weeks and then weekly x 2 months. The results of these audits will be reviewed at the monthly QAPI Committee meeting. Following the three months, the committee will determine the future need/frequency of the audit.</p>		

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F 609	<p>Continued From page 3</p> <p>the investigation on 3/21/22, the allegation of abuse was unsubstantiated. Resident admitted that he/she was the one who hit CNA #1. CNA #1 will receive an in-service about abuse (completed on 3/17/22), immediate reporting of abuse, to the Administrator. CNA #1 was suspended effective 3/17/22 for 3 working days and scheduled to return upon completion of assigned in-service. LPN #1 was immediately educated about abuse, reporting abuse immediately to abuse coordinator, and triggered events. Furthermore, LPN #1 received disciplinary action for failing to report an allegation of abuse to the coordinator (Administrator).</p> <p>On 9/21/2022, the surveyor reviewed Resident # 4 medical record. According to the Admission Record Report (ARR), Resident #4 was admitted to the facility on [REDACTED] with diagnosis that included but was not limited to: <b>EX Order 26 § 4b1</b>.</p> <p>The Minimum Data Set (MDS), an assessment tool dated 2/17/22, showed that Resident #4's cognitive status was <b>EX Order 26 § 4b1</b> and required extensive assistance from staff for Activities of Daily Living (ADL</p> <p>The surveyor conducted a phone interview with LPN# 1 on 9/23/22 at 12:57 pm, she confirmed what was stated on the aforementioned FRE. LPN #1 stated that she knows what is abuse and that abuse should be reported immediately to the Administrator or designee. She acknowledged that she did not follow the reporting protocol for abuse and that she should have reported the incident or the allegation of abuse to the DON or the Administrator immediately. She explained that the police were on the scene on 3/10/22 and did not arrest CNA #1. She stated that CNA #1 did</p>	F 609			

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F 609	<p>Continued From page 4</p> <p>not take care of the Resident after the incident on 3/10/22.</p> <p>The facility policy titled, " Abuse Neglect, Mistreatment, and Misappropriation" dated 10/20/21, under "Prevent" indicated that Employees are educated upon hire and annually on the abuse prevention program including the immediate reporting of any suspicion of abuse, neglect...involving a patient. Under "(c)" indicated that in response to allegations of abuse, neglect...the facility must 1. Ensure that all alleged violations of abuse, neglect...including injuries of unknown source...are reported immediately, but no later than 2 hours after the allegation is made..."</p> <p>NJAC 8:39-4.1(a)5</p> <p>NJAC 8:39-27.1(b)</p>			F 609			

## POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 315259	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 10/20/2022
NAME OF FACILITY PROMEDICA SKILLED NURSING & REHAB (MOUNTAINSIDE)	STREET ADDRESS, CITY, STATE, ZIP CODE 1180 ROUTE 22 WEST MOUNTAINSIDE, NJ 07092	

This report is completed by a qualified State surveyor for the Medicare, Medicaid and/or Clinical Laboratory Improvement Amendments program, to show those deficiencies previously reported on the CMS-2567, Statement of Deficiencies and Plan of Correction, that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the CMS-2567 (prefix codes shown to the left of each requirement on the survey report form).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix F0609	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 483.12(c)(1)(4)	Completed	Reg. #	Completed	Reg. #	Completed
LSC	10/18/2022	LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	

REVIEWED BY STATE AGENCY	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO	REVIEWED BY (INITIALS)	DATE	TITLE	DATE

FOLLOWUP TO SURVEY COMPLETED ON 9/21/2022

☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO