

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

PRINTED: 08/02/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315259	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 06/08/2021
NAME OF PROVIDER OR SUPPLIER PROMEDICA SKILLED NURSING & REHAB - MOUNTAINSIDE			STREET ADDRESS, CITY, STATE, ZIP CODE 1180 ROUTE 22 WEST MOUNTAINSIDE, NJ 07092		
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F 000	INITIAL COMMENTS C #: NJ142168, 143485, 143626 Census: 93 Sample: 6 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 compliant visit.	F 000			
F 563 SS=D	Right to Receive/Deny Visitors CFR(s): 483.10(f)(4)(ii)-(v) §483.10(f)(4) The resident has a right to receive visitors of his or her choosing at the time of his or her choosing, subject to the resident's right to deny visitation when applicable, and in a manner that does not impose on the rights of another resident. (ii) The facility must provide immediate access to a resident by immediate family and other relatives of the resident, subject to the resident's right to deny or withdraw consent at any time; (iii) The facility must provide immediate access to a resident by others who are visiting with the consent of the resident, subject to reasonable clinical and safety restrictions and the resident's right to deny or withdraw consent at any time; (iv) The facility must provide reasonable access to a resident by any entity or individual that provides health, social, legal, or other services to the resident, subject to the resident's right to deny or withdraw consent at any time; and (v) The facility must have written policies and procedures regarding the visitation rights of residents, including those setting forth any clinically necessary or reasonable restriction or	F 563			6/21/21

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

TITLE

(X6) DATE

Electronically Signed

06/21/2021

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 563	<p>Continued From page 1</p> <p>limitation or safety restriction or limitation, when such limitations may apply consistent with the requirements of this subpart, that the facility may need to place on such rights and the reasons for the clinical or safety restriction or limitation. This REQUIREMENT is not met as evidenced by: C#: NJ: 143485</p> <p>Based on interviews and record review, as well as review of pertinent facility documents on 6/10/21, it was determined that the facility failed to allow a resident to have a compassionate care family visit when death was imminent for 1 of 2 residents (Res #) reviewed for visitation. This deficient practice is evidenced by the following:</p> <p>According to the Admission Record Report, Res # was initially admitted to the facility on , with diagnoses that included but was not limited to: and .</p> <p>The Minimum Data Set (MDS) an assessment tool dated , Res # 's cognition was and required extensive to total assistance with Activity of Daily Living (ADLs).</p> <p>The Physician Order Sheet dated showed an order for Evaluation and Treatment.</p> <p>Review of the Care Plan (CP) for Res # initiated on , revised on , showed the Res # had a terminal prognosis related to and on . Interventions included but was not limited to: Work with team to ensure the Resident's and needs were met.</p>	F 563	<p>1. Residents affected by deficient practice Resident was affected by the deficient practice.</p> <p>2. Other residents who could be affected by the deficient practice. All residents could potentially be affected by deficient practice</p> <p>3. Measures taken to ensure deficient practice does not recur (a) Education - All staff, (namely Activities Director, Director of social work, DON, Nurse supervisors,) involved with visitation planning are educated by Administrator to understand that "if a member of a visiting party test positive, other members of the same party that test negative are not automatically disqualified from visiting" (b) Education - all staff involved with visitation planning (namely Activities Director, Director of social work, DON, Nurse supervisors,) are educated by Administrator that "Further investigation is necessary to determine the likelihood that other members of the party are exposed before decision is made" (c) Education - all staff involved with visitation planning (namely Activities Director, Director of social work, DON,</p>		

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F 563	<p>Continued From page 2</p> <p>The Progress Notes (PN) from [REDACTED] showed the following:</p> <p>On [REDACTED] at 11:05 am, documented by the License Practical Nurse (LPN#1), observed Res [REDACTED] was [REDACTED], unable to [REDACTED], [REDACTED] was [REDACTED] on room air. Res [REDACTED] was suctioned and oxygen was administered at [REDACTED] via [REDACTED].</p> <p>On [REDACTED] at 11:25 am, [REDACTED] staff was notified of the aforementioned change in condition.</p> <p>On [REDACTED] at 11:39 am, Resident's Representative (RR #1) was notified of the change in condition and RR #1 requested to visit Res [REDACTED].</p> <p>On [REDACTED] at 12:45 pm, Res [REDACTED] was observed [REDACTED] and [REDACTED] with [REDACTED] of [REDACTED]. The [REDACTED] was increased from [REDACTED] to [REDACTED] via [REDACTED].</p> <p>Review of the "Authorized Visitors Screening Temperature and Sign/Symptoms Log (AVSTS)" dated [REDACTED] showed under "Directions:...Any visitor answers yes to any of the screening questions will not be allowed entry to the center ..." The AVSTS for RR #1 showed "no" to all screening questions including but was not limited to the following "Have you been exposed to anyone with COVID-19 in the previous 14 days when you were not wearing PPE [personal protective equipment] (mask)".</p> <p>The surveyor conducted an interview with RR #1</p>	F 563	<p>Nurse supervisors,) are educated by the administrator as follows: "the only acceptable reason for denial is if investigation reveals that parties have been exposed to the party that tested positive"</p> <p>(d)Administrator or designee should investigate and make decision on who is denied visitation based on the result of his investigation</p> <p>4.Plans to monitor corrective actions to ensure that solutions are sustained. (a)Administrator or designee to repeat education of staff once every month for 3 months. (b) Administrator or designee to review all visitation denials before they are finalized for the next 3 months. (c)Administrator or designee to randomly audit visitation practice weekly for 1 month and then by weekly for 2 months.</p> <p>5. Discontinuation or changes in corrective measures will be determined by QAPI committee in monthly and quarterly meetings based on the result of monitoring and audit.</p>		

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F 563	<p>Continued From page 3</p> <p>on 6/10/21 and 6/11/21 from 10:00 am to 1:00 pm. RR #1 stated that on [REDACTED], the last time RR #1 saw RR #2 was in [REDACTED]. RR #1 revealed that they had no physical contact and communications were done via telephone or teleconference call. RR #1 was from [REDACTED] and RR#2 was from [REDACTED].</p> <p>On [REDACTED], the surveyor continued the interview with RR #1. RR #1 and RR#2 went to the facility in separate cars. RR #2 arrived at the facility at approximately 8:45 am with face mask on. RR #1 arrived at the facility at approximately 9:45 am with face shield and face mask on. RR #1 was surprised seeing RR #2 still waiting at the facility lobby. RR #1 asked why RR #2 was waiting in the lobby when RR #2 should have been in Res [REDACTED]'s room at that time. RR #1 stated that the receptionist told RR #2 to wait. RR #1 and #2 continued to wait wearing PPE's and sat on separate chairs (six feet apart). Few minutes later, the nurse took RR #2 first for COVID testing then took RR #1 last. Few minutes later, the Activity Director (AD) told RR #1 had a negative test result for COVID-19.</p> <p>However, RR #2 had a positive test result. RR #2 immediately left the facility. AD told RR #1 was not allowed to visit Res [REDACTED]. RR #1 explained that there was no exposure because they were not in the same house, came in separate cars and observed social distancing with PPE's while waiting to be tested. AD stated she would talk to the Administrator. AD returned and told RR #1 that the Administrator was not comfortable letting RR #1 in because of RR #1's "affiliations" with RR #2. RR #1 requested to talk to the Administrator. However, the Administrator did not attempt to speak to RR #1 and was requested to leave the</p>	F 563			

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F 563	<p>Continued From page 4</p> <p>facility. RR #1 was instructed to get retested 72 hours later, if with negative result RR #1 could visit Res [REDACTED]. On [REDACTED], RR #1 and #2 got retested for COVID-19 at their local testing center and both had negative results. RR #1 called the facility that he/she would come and visit on [REDACTED] at 9:00 am.</p> <p>The PN from [REDACTED] showed the following:</p> <p>On [REDACTED] at 6:43 am, Registered Nurse (RN #1) documented that Res [REDACTED] had expired at 1:50 am. RR #1 was notified at 2:05 am. Res # [REDACTED] body was released to the funeral home at 6:58 am.</p> <p>On [REDACTED] at 9:19 am, documented by the Activity Director (AD) that on [REDACTED] RR #1 and RR #2 came into the facility to visit Res [REDACTED]. RR #1 and RR #2 was not able to continue with the visit because RR #2 tested positive for COVID-19.</p> <p>The facility's "Concern Form (CF)" dated [REDACTED], showed that the RR #1 filled a complaint regarding visitation denial. The CF showed that RR #1 came to visit Res [REDACTED] with RR #2 in separate cars and RR #2 was tested positive for COVID 19 during the visit. The CF showed that the facility explained to RR #1 that due to Centers for Disease Control (CDC) guidelines, necessary action had to be taken for safety of the Resident. However, RR #1 was not satisfied.</p> <p>The surveyor conducted an interview with the Activity Director (AD) and Activity Assistant (AA) on 6/8/21 at 10:02 am. The AD stated that Res [REDACTED]'s family were denied visitation because RR #2 was tested positive during the visit on [REDACTED]. AD revealed that although RR #1 had a negative COVID-19 result on [REDACTED], the Administrator</p>	F 563			

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F 563	<p>Continued From page 5</p> <p>and the Director of Nursing (DON) did not allow RR #1 to visit Res [REDACTED] AD further revealed that RR #1 and #2 observed social distancing while in the lobby on [REDACTED]. The AA stated that she observed RR #1 and RR #2 sitting with mask on, however, not sure if less than 6 feet apart.</p> <p>The surveyor conducted an interview with the Business Office Manager (BOM), on 6/8/21 at 11:53 am, who was at the front desk on [REDACTED]. The BOM stated that RR #1 and #2 entered the facility lobby separately (unable to recall the time), and sat on the chair away from each other.</p> <p>The surveyor conducted an interview with the Administrator on 6/8/21 at 12:58 pm. Administrator stated that RR #1 was denied visitation because RR #2 was positive and he was told that they came and was seen talking together. The Administrator revealed that he did not actually see RR #1 and #2 came in and talking together. The Administrator revealed that he did not investigate further; neither did he talk to RR #1. The Administrator was sorry and explained he would not take the risk of exposing Res [REDACTED] and other residents to COVID-19 for letting RR #1 into the facility.</p> <p>The facility's undated policy "NEW JERSEY RESIDENT RIGHTS" showed "...h. Have the right to unrestricted communication, including personal visitation with any persons of your choice, at any reasonable hour..."</p> <p>NJAC: 8:39-4.1 (23)</p>	F 563			