

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

PRINTED: 06/04/2024
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 01/26/2023	
NAME OF PROVIDER OR SUPPLIER MOUNTAINSIDE SKILLED NURSING AND REHAB				STREET ADDRESS, CITY, STATE, ZIP CODE 1180 ROUTE 22 WEST MOUNTAINSIDE, NJ 07092			
(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 STANDARD SURVEY: Recertification CENSUS: 118 SAMPLE: 24 The facility was not in substantial compliance with the requirements of 42 CFR Part 483, Subpart B, for Long Term Care Facilities. Deficiencies were cited for this survey.			F 000			
F 550 SS=D	Resident Rights/Exercise of Rights CFR(s): 483.10(a)(1)(2)(b)(1)(2) §483.10(a) Resident Rights. The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility, including those specified in this section. §483.10(a)(1) A facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality. The facility must protect and promote the rights of the resident. §483.10(a)(2) The facility must provide equal access to quality care regardless of diagnosis, severity of condition, or payment source. A facility must establish and maintain identical policies and practices regarding transfer, discharge, and the provision of services under the State plan for all residents regardless of payment source. §483.10(b) Exercise of Rights.			F 550			3/14/23

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

TITLE

(X6) DATE

Electronically Signed

02/17/2023

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 550	<p>Continued From page 1</p> <p>The resident has the right to exercise his or her rights as a resident of the facility and as a citizen or resident of the United States.</p> <p>§483.10(b)(1) The facility must ensure that the resident can exercise his or her rights without interference, coercion, discrimination, or reprisal from the facility.</p> <p>§483.10(b)(2) The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising his or her rights and to be supported by the facility in the exercise of his or her rights as required under this subpart.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observations, interviews, record review, and facility policy review, the facility failed to cover a NJ Exec Order 26.4b1 to provide privacy and dignity for 1 (Resident #108) of 1 resident who had an NJ Exec Order 26.4b1.</p> <p>Findings included:</p> <p>A review of the facility's policy, "Catheter Care: Indwelling Catheter-Resident Services," with a copyright of 2023, indicated the catheter should be "in catheter bag holder if appropriate."</p> <p>A review of the "Admission Record Report" indicated the facility admitted Resident 108 with diagnoses that included NJ Exec Order 26.4b1.</p> <p>The quarterly Minimum Data Set (MDS), dated NJ Exec Order 26.4b1 revealed Resident #108 had a Brief Interview for Mental Status (BIMS) score of NJ E, which indicated the resident was NJ Exec Order 26.4b1.</p>	F 550	<p>Corrective Action</p> <p>R108 was provided with a NJ Exec Order 26.4b1</p> <p>Potential to Affect</p> <p>All residents with an indwelling urinary catheter have the potential to be affected. An audit was conducted to ensure all residents with an indwelling urinary catheter has a cover for their urinary drainage bag.</p> <p>Systemic Change</p> <p>The Director of Nursing/Designee will educate nursing staff that all urinary drainage bags should be covered to promote dignity.</p> <p>Monitoring</p> <p>The Director of Nursing/Designee will conduct 3 random sample audits daily x 5 days then weekly x 3 weeks then monthly</p>		

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F 550	<p>Continued From page 2</p> <p>NJ Exec Order 26.4b1. The MDS indicated Resident #108 required total assistance for all activities of daily living and identified Resident #108 used an NJ Exec Order 26.4b1</p> <p>Review of Resident #108's care plan with a revision date of NJ Exec Order 26.4b1, indicated Resident #108 used an NJ Exec Order 26.4b1. The care plan did not address whether a NJ Exec Order 26.4b1 was to be used to NJ Exec Order 26.4b1 to promote dignity.</p> <p>An observation was made of Resident #108 on 01/23/2023 at 10:50 AM. The resident's NJ Exec Order 26.4b1 was hanging on the side of the bed by the window, and there was no NJ Exec Order 26.4b1</p> <p>During an observation and interview on 01/25/2023 at 10:30 AM, Certified Nursing Assistant (CNA) #5 and CNA #6 were dressing Resident #108. The NJ Exec Order 26.4b1 was lying on the bed by the resident's feet and had NJ Exec Order 26.4b1. Both CNAs confirmed the NJ Exec Order 26.4b1. CNA #5 stated the NJ Exec Order 26.4b1 should be covered but added the bag was not covered when they came into the room. The CNAs did not get a NJ Exec Order 26.4b1 while dressing Resident #108.</p> <p>Resident #108 was observed and interviewed on 01/25/2023 at 1:00 PM. The resident was sitting in a NJ Exec Order 26.4b1 chair and the resident's NJ Exec Order 26.4b1 was now enclosed in a NJ Exec Order 26.4b1. Resident #108 stated when they lived on another unit at the facility, the NJ Exec Order 26.4b1 stayed covered. Resident #108 stated the NJ Exec Order 26.4b1 had not been covered since they had been living in the current unit. Resident #108</p>	F 550	<p>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 550	<p>Continued From page 3</p> <p>stated the staff knew the [REDACTED] NJ Exec Order 26.4b1 should have been covered.</p> <p>Licensed Practical Nurse (LPN) #7 was interviewed on 01/25/2023 at 1:20 PM. The LPN stated the privacy of residents was the number one priority. She stated she was unsure who was responsible for covering a [REDACTED] NJ Exec Order 26.4b1. LPN #7 stated no one had reported there was [REDACTED] covering Resident #108's [REDACTED] NJ Exec Order 26.4b1.</p> <p>Registered Nurse (RN) #8 was interviewed on 01/26/2023 at 9:53 AM. RN #8 stated it was the policy of the facility to use a [REDACTED] NJ Exec Order 26.4b1 to cover a resident's [REDACTED] NJ Exec Order 26.4b1.</p> <p>The Director of Nursing (DON) was interviewed on 01/26/2023 at 1:47 PM. The DON stated she expected the [REDACTED] NJ Exec Order 26.4b1 to be covered.</p> <p>During an interview on 01/26/2023 at 4:08 PM, the Administrator stated [REDACTED] NJ Exec Order 26.4b1 should be covered to promote dignity.</p>	F 550			
F 554 SS=D	<p>New Jersey Administrative Code § 8:39-4.1(a)12 Resident Self-Admin Meds-Clinically Approp CFR(s): 483.10(c)(7)</p> <p>§483.10(c)(7) The right to self-administer medications if the interdisciplinary team, as defined by §483.21(b)(2)(ii), has determined that this practice is clinically appropriate. This REQUIREMENT is not met as evidenced by: Based on observations, interviews, record review, and facility policy review, the facility failed</p>	F 554	<p>Corrective Action Resident R13's [REDACTED] NJ Exec Order 26.4b1 was</p>	3/14/23	

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F 554	<p>Continued From page 4</p> <p>to obtain an order and assess a resident's ability to self-administer medications for 1 (Resident #13) of 1 sampled resident observed with prescription medications at the bedside.</p> <p>Findings included:</p> <p>A review of a facility policy titled, "Medication self-administration, long-term care," dated as revised 05/20/2022, indicated, "The interpretive guidelines in the SOM [State Operations Manual] state that if a resident requests to self-administer drugs, then the interdisciplinary team is responsible for determining whether it's safe for the resident to do so before the resident may exercise that right. The interdisciplinary team also must determine who will be responsible (the resident or the nursing staff) for storing and documenting administration of drugs as well as the site of drug administration (for example, in the resident's room, at the nurses' station, or in the activities room). This information should be documented in the resident's care plan."</p> <p>A review of an "Admission Record Report" revealed the facility admitted Resident #13 with diagnoses that included NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1.</p> <p>The annual Minimum Data Set (MDS), dated NJ Exec Order 26.4b1, revealed Resident #13 had a Brief Interview for Mental Status (BIMS) score of NJ, which indicated NJ Exec Order 26.4b1. The MDS indicated Resident #13 was NJ Exec Order 26.4b1 for most activities of daily living, with extensive assistance</p>	F 554	<p>removed from resident's bedside table. R13 was assessed for self-administration of medications.</p> <p>Potential to Affect All residents have the potential to be affected. No requests have been made to self-administer medications.</p> <p>Systemic Change The Director of Nursing/Designee will educate licensed nurses on the process of self-administration of medications, if a resident requests to self-administer drugs.</p> <p>Monitoring The Director of Nursing/Designee will monitor and assess any request to self-administer medications. The DON/Designee will conduct 3 random sample audits to ensure that there are no medications at residents' bedside daily x 5 days then weekly x 3 weeks then monthly 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 554	<p>Continued From page 5 required for NJ Exec Order 26.4b1.</p> <p>Observations on 01/23/2023 at 1:50 PM, 01/24/2023 at 3:50 PM, 01/25/2023 at 9:00 AM and 1:30 PM, and 01/26/2023 at 9:15 AM revealed a container of NJ Exec Order 26.4b1 on Resident #13's bedside table.</p> <p>Review of Resident #13's "Care Plan," dated as revised NJ Exec Order 26.4b1, revealed self-administration of medication was not addressed.</p> <p>A review of Resident #13's physician's orders, dated NJ Exec Order 26.4b1, indicated the physician had ordered NJ Exec Order 26.4b1 to be applied twice daily to affected areas until healed.</p> <p>Review of Resident #13's medical record revealed no evidence the resident had been assessed for self-administration of medication.</p> <p>Licensed Practical Nurse (LPN) #7 was interviewed on 01/25/2023 at 1:35 PM. LPN #7 stated she was unaware of any resident on the unit who self-administered medications. She stated no medications should be left at the bedside, including NJ Exec Order 26.4b1.</p> <p>Certified Nursing Assistant (CNA) #9 was interviewed on 01/26/2023 at 9:15 AM. CNA #9 stated Resident #13 was NJ Exec Order 26.4b1, and the resident's NJ Exec Order 26.4b1. The CNA stated Resident #13 had a NJ Exec Order 26.4b1 and received NJ Exec Order 26.4b1 on those areas that was applied by the nurse. At this time, the CNA observed the NJ Exec Order 26.4b1 on Resident #13's bedside table and stated that although she was caring for</p>	F 554			

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F 554	<p>Continued From page 6</p> <p>the resident that day, she had not noticed the medication on the table.</p> <p>LPN #10 was interviewed on 01/26/2023 at 9:25 AM. LPN #10 was assigned to care for Resident #13 on 01/26/2023. The LPN stated she had no resident on the hall who self-administered medications and added medications should not be left at the bedside. The LPN stated some NJ Exec Order 26.4b1 were left in residents' rooms in the bedside table drawers. LPN #10 observed the bottle of NJ Exec Order 26.4b1 and stated this medication should not have been left in Resident #13's room. LPN #10 stated she was unaware the medication was at the resident's bedside, and no one had reported the medication was in the room. LPN #10 stated Resident #13 was NJ Exec Order 26.4b1 the medication independently.</p> <p>Registered Nurse (RN) #8, who was the Unit Manager for Resident #13's unit, was interviewed on 01/26/2023 at 9:28 AM. The RN stated she expected no medications to be left at the bedside, which would include NJ Exec Order 26.4b1. RN #8 stated Resident #13 was NJ Exec Order 26.4b1. RN #8 stated she was unaware of NJ Exec Order 26.4b1 being left at the resident's bedside.</p> <p>The Director of Nursing (DON) was interviewed on 01/26/2023 at 1:47 PM. The DON stated her expectation was for medications not to be left at the bedside because another person could take the medication, or the resident could administer the medication incorrectly. The DON stated that prior to resident self-administration of medications, the resident had to be assessed, an order obtained from the physician, and if the</p>	F 554			

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F 554	Continued From page 7 medication was kept in the resident's room, the medication had to be kept in a locked box. The Administrator was interviewed on 01/26/2023 at 4:22 PM and stated medications were not to be kept at the bedside. The Administrator stated with a BIMS of [REDACTED], Resident #13 would [REDACTED] NJ Exec Order 26-4b1	F 554			
F 558 SS=D	New Jersey Administrative Code § 8:39-29.2 Reasonable Accommodations Needs/Preferences CFR(s): 483.10(e)(3) §483.10(e)(3) The right to reside and receive services in the facility with reasonable accommodation of resident needs and preferences except when to do so would endanger the health or safety of the resident or other residents. This REQUIREMENT is not met as evidenced by: Based on observations, interviews, record review, document review, and facility policy review, it was determined that the facility failed to ensure reasonable accommodations were provided to meet resident needs and functional ability for 2 (Resident #36 and Resident #108) of 2 residents reviewed for accommodations of needs. Specifically, the facility failed to: 1. Ensure Resident #108 was provided with a modified call light that the resident was able to use. 2. Ensure Resident #36's call light was placed within the resident's reach. Findings included: 1. A review of an undated facility policy titled, "F	F 558	Corrective Action R108 was provided with a modified call light that the resident can use. R36's call light was placed within the residents reach. Potential to Affect All residents have the potential to be affected. An audit was completed to ensure all call lights were appropriate and within reach of residents. Systemic Change The Director of Nursing/Designee will educate staff on ensuring that call lights are appropriate for use and are within reach of residents.	3/14/23	

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F 558	<p>Continued From page 8</p> <p>Tag 558-Reasonable Accommodations of Needs/Preferences" indicated residents had, "The right to reside and receive services in the facility with reasonable accommodations of resident needs and preferences except when to do so would endanger the health or safety of the resident or other residents."</p> <p>A review of an "Admission Record Report" revealed the facility admitted Resident #108 with diagnoses that included NJ Exec Order 26.4b1</p> <p>NJ Exec Order 26.4b1</p> <p>A quarterly Minimum Data Set (MDS), dated NJ Exec Order 26.4b1, revealed Resident #108 had a Brief Interview for Mental Status (BIMS) score of NJ Exec Order 26.4b1 which indicated the resident was NJ Exec Order 26.4b1. The MDS indicated Resident #108 was NJ Exec Order 26.4b1 for all activities of daily living (ADLs). According to the MDS, the resident had NJ Exec Order 26.4b1</p> <p>An observation was made of Resident #108 on 01/23/2023 at 10:52 AM. Resident #108's NJ Exec Order 26.4b1. The resident exhibited NJ Exec Order 26.4b1. A flat pancake call light was positioned on the edge of the bed on the resident's right side, near the edge of the bed, and approximately 12 inches from the resident's reach. Resident #108 stated they were unable to use the call light and would have to yell for help until the staff responded. The resident added that in a previous facility, a call light they could blow into had been used and worked better for the resident.</p>	F 558	<p>Monitoring</p> <p>The DON/Designee will conduct 3 random sample audits of appropriateness and placement of call lights daily x 5 days then weekly x 3 weeks then monthly 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 558	<p>Continued From page 9</p> <p>Review of Resident #108's "Care Plan," dated as created [REDACTED] NJ Exec Order 26.4b1, revealed Resident #108 had [REDACTED] NJ Exec Order 26.4b1. The resident's ability to use the call light was not addressed in the care plan.</p> <p>Licensed Practical Nurse (LPN) #7 was interviewed on 01/25/2023 at 1:20 PM. LPN #7 stated Resident #108 had moved to the unit about a [REDACTED] NJ Exec Order 26.4b1, and staff were concerned because the resident was unable to use the call light. LPN #7 stated she and an evening shift nurse had discussed the resident's inability to use the call light but had not reported their concerns to anyone. The LPN stated she guessed all they had done was complain about the resident's inability to use the call light and she was not sure anyone had reported the concerns.</p> <p>Registered Nurse (RN) #8 was interviewed on 01/26/2023 at 9:00 AM. She stated Resident #108 was [REDACTED] NJ Exec Order 26.4b1 and get the call light or push the pancake call light for help. The RN stated she had not reported the resident's inability to use the call light and added that Resident #108 called out for help when needed.</p> <p>An observation was made on 01/26/2023 at 10:06 AM. Resident #108's call light was located by the resident's right elbow. The resident stated they were [REDACTED] NJ Exec Order 26.4b1 to reach the call light.</p> <p>Certified Nursing Assistant (CNA) #11 was interviewed on 01/26/2023 at 10:32 AM and stated that unless the call light was right under Resident #108's [REDACTED] NJ Exec Order 26.4b1. She stated [REDACTED]</p>	F 558			

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F 558	<p>Continued From page 10</p> <p>the resident would yell out if the resident needed help. The CNA stated a different kind of call light, one the resident could blow into, would be better.</p> <p>The Director of Maintenance (DOM) was interviewed on 01/26/2023 at 10:50 AM. The DOM stated he had different types of call lights in stock, including standard push button, pancake call lights, and ones that looked like a little balloon, and he had one call light that could be used by blowing into the tube and could be bent in different ways to make its use easier for a resident. The DOM stated no one had mentioned there was a resident living in the facility who would have benefited from a call light that could be used by blowing into a tube. The DOM stated he had seen Resident #108 "the other day," and the resident had not mentioned the call light they had was not working for them.</p> <p>The Director of Nursing (DON) was interviewed on 01/26/2023 at 1:47 PM. The DON stated she would have expected the nurses to communicate their concerns about Resident #108's inability to use the call light to someone so the call light could have been changed to a call light Resident #108 could use.</p> <p>The Administrator was interviewed on 01/26/2023 at 4:19 PM and stated he was familiar with Resident #108 and knew the resident [REDACTED] NJ Exec Order 26.4b1 [REDACTED]. The Administrator stated if Resident #108 were to try to use the pancake call light, the call light would have to be positioned where the resident's chin would touch the call light to activate it.</p> <p>2. A review of an undated facility policy titled, "Call Light," revealed, "Purpose: To use a call light</p>	F 558			

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F 558	<p>Continued From page 11</p> <p>and/or sound system to alert staff to patient needs." The policy also indicated, "6. Position call light conveniently for use and within reach."</p> <p>A review of an "Admission Record Report" revealed the facility admitted Resident #36 with diagnoses that included NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1.</p> <p>A quarterly Minimum Data Set (MDS), dated NJ Exec Order 26.4b1, revealed Resident #36 had a Brief Interview for Mental Status (BIMS) score of NJ Exec Order 26.4b1 which indicated NJ Exec Order 26.4b1. The resident required total dependence with NJ Exec Order 26.4b1 extensive assistance with NJ Exec Order 26.4b1, and supervision with NJ Exec Order 26.4b1.</p> <p>Review of a "Care Plan," dated as initiated NJ Exec Order 26.4b1, revealed Resident #36 was at NJ Exec Order 26.4b1. Interventions included to reinforce the need to use the call light for assistance (initiated NJ Exec Order 26.4b1). The care plan indicated Resident #36 had also NJ Exec Order 26.4b1. Interventions included to remind the resident to use the call light and to call for help (initiated NJ Exec Order 26.4b1).</p> <p>On 01/23/2023 at 11:15 AM, Resident #36 was observed in bed. The call light was behind a chest of drawers approximately 3.5 feet away from resident. During an interview at this time, Resident #36 stated they did not know where their call light was located, could never find it, and staff did not give them their call light.</p> <p>During an interview on 01/23/2023 at 11:29 AM, Certified Nursing Assistant (CNA) #2 was called to Resident #36's room and asked about the location of the call light. CNA #2 looked around</p>	F 558			

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F 558	Continued From page 12 the room and then stated the call light was on the floor and behind the dresser. She stated Resident #36 was able to use the call light but guessed it fell on the floor. CNA #2 stated call lights should be in reach so residents can call for help. During an interview on 01/23/2023 at 1:09 PM, Unit Manager (UM) #1 stated all staff, when they went into a resident's room, should check to ensure the call light was within the resident's reach. During an interview on 01/25/23 at 2:59 PM, the Director of Nursing (DON) stated call lights should always be within reach to allow residents to call for help. The DON stated it was the responsibility of all staff to ensure call lights were within reach each time they went in a resident's room. She expected call lights to be within residents' reach. During an interview on 01/25/2023 at 3:13 PM, the Administrator stated Resident #36 could use the call light and that the call light should have been within the resident's reach. He indicated CNAs and nurses were to make sure before leaving a room that the call light was within reach so the resident could call for assistance. He indicated all staff were responsible for ensuring call lights were in reach. The Administrator stated the unit managers were responsible for monitoring staff, including ensuring call lights were within reach.	F 558			
F 641 SS=D	New Jersey Administrative Code § 8:39-31.8(c) Accuracy of Assessments CFR(s): 483.20(g)	F 641		3/14/23	

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F 641	<p>Continued From page 13</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 interviews, record review, document review, and facility policy review, it was determined the facility failed to ensure Minimum Data Set (MDS) assessments accurately reflected residents' status to facilitate appropriate care planning for 2 (Resident #71 and Resident #85) of 24 sampled residents reviewed for MDS accuracy.</p> <p>Findings included:</p> <p>Review of the "Long-Term Care Resident Assessment Instrument (RAI) 3.0 User's Manual," dated 10/2019, specified, "1.3 Completion of the RAI. The RAI process has multiple regulatory requirements. Federal regulation at 42 Code of Federal Regulation (CFR) 483/20 (b) (1) (xviii), (g), and (h) require that (1) the assessment accurately reflects the resident's status."</p> <p>A review of an "Admission Record Report" revealed the facility admitted Resident #85 with diagnoses that included NJ Exec Order 26.4b1 [REDACTED]</p> <p>Review of a "Care Plan," dated as initiated NJ Exec Order 26.4b1 [REDACTED], revealed Resident #85 was at risk for NJ Exec Order 26.4b1 [REDACTED] related to NJ Exec Order 26.4b1 [REDACTED] and NJ Exec Order 26.4b1 [REDACTED] Interventions (dated as initiated NJ Exec Order 26.4b1 [REDACTED]) included to NJ Exec Order 26.4b1 [REDACTED] the resident per physician's orders NJ Exec Order 26.4b1 [REDACTED] per protocol, administer medications/treatments per order, and maintain a replacement NJ Exec Order 26.4b1 [REDACTED] at bedside.</p>	F 641	<p>Corrective Action R85's MDS was resubmitted with accurate information. R71's MDS was resubmitted with accurate information.</p> <p>Potential to Affect All residents have the potential to be affected.</p> <p>Systemic Change MDS staff will receive education on ensuring MDS's are coded correctly and accurately according to the RAI manual.</p> <p>Monitoring The MDS Coordinator/designee will review and audit medications and special treatments for all residents. The MDS Coordinator will audit a random sample of 3 MDS medication and special treatment sections daily x 5 days then weekly x 3 weeks then monthly 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 641	<p>Continued From page 14</p> <p>A review of a "Physician Order Summary" for the month of [REDACTED] revealed Resident #85 had a physician's order dated [REDACTED] for staff to provide [REDACTED] every shift with a [REDACTED] and to monitor the resident's [REDACTED] every shift. Additionally, the summary indicated the resident had a physician's order dated [REDACTED] for [REDACTED] at [REDACTED] with [REDACTED] as needed.</p> <p>A quarterly Minimum Data Set (MDS), dated [REDACTED], indicated Resident #85 was in a persistent [REDACTED]. The [REDACTED] status section of the MDS was not completed, as the instructions on the MDS indicated if a resident was in a [REDACTED], the cognitive status section of the MDS was to be skipped. The MDS did not indicate that the resident received [REDACTED], [REDACTED] and [REDACTED]. A modified quarterly Minimum Data Set (MDS), dated [REDACTED], revealed no modifications of the [REDACTED] of the MDS and again indicated the resident was in a [REDACTED].</p> <p>During an interview on 01/25/2023 at 2:03 PM, MDS Coordinator #3 revealed Resident #85 had a [REDACTED] and received [REDACTED], [REDACTED], and [REDACTED]. She stated the MDS should have been coded for those to accurately reflect the Resident #85's status. MDS Coordinator #3 revealed she was responsible for completing the [REDACTED] section of the MDS for Resident #85, although that section was</p>	F 641			

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F 641	<p>Continued From page 15</p> <p>normally completed by the social worker. She indicated she had coded the resident as being in a [NJ Exec Order 26.4b1], but the resident was not, and the [NJ Exec Order 26.4b1] section should have been completed. She stated she expected to follow the RAI Manual and complete MDS assessments accurately. She indicated she would resubmit Resident #85's MDS with accurate information.</p> <p>During an interview on 01/25/2023 at 2:12 PM, MDS Coordinator #4 stated she was MDS Coordinator #3's supervisor and conducted audits of MDSs, but the last time she audited MDSs was sometime in the [NJ Exec Order 26.4b1]. She expected MDS assessments to be coded correctly and accurately.</p> <p>During an interview on 01/25/2023 at 3:03 PM, the Director of Nursing (DON) revealed the [NJ Exec Order 26.4b1] for Resident #85 should be coded on the MDS to accurately reflect the resident's status. The DON stated she just started in the position [NJ Exec Order 26.4b1] but expected MDS assessments to be coded accurately.</p> <p>During an interview on 01/25/2023 at 3:10 PM, the Administrator revealed Resident #85 had a [NJ Exec Order 26.4b1] and received [NJ Exec Order 26.4b1], and the MDS should have been coded to accurately reflect the resident's status. The Administrator stated the MDS coordinators were responsible for ensuring MDSs were coded accurately, and he expected the MDSs to be coded correctly and accurately.</p> <p>2. A review of the "Admission Record Report" revealed the facility admitted Resident #71 with diagnoses that included [NJ Exec Order 26.4b1],</p>	F 641			

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F 641	<p>Continued From page 16</p> <p>NJ Exec Order 26.4b1</p> <p>A quarterly Minimum Data Set (MDS), dated NJ Exec Order 26.4b1, revealed Resident #71 had a Brief Interview for Mental Status (BIMS) score of NJ Exec Order 26.4b1 which indicated NJ Exec Order 26.4b1.</p> <p>Review of Resident #71's care plan, with a revision of NJ Exec Order 26.4b1, revealed the resident was on NJ Exec Order 26.4b1 related to a NJ Exec Order 26.4b1. Interventions included monitoring/reporting to the physician any signs and symptoms of NJ Exec Order 26.4b1 in the resident's NJ Exec Order 26.4b1 or NJ Exec Order 26.4b1 and observing for NJ Exec Order 26.4b1. The care plan also addressed multiple NJ Ex Order 26.4(b)(1) exhibited by Resident #71.</p> <p>A review of the NJ Exec Order 26.4b1 Medication Administration Record revealed Resident #71 received medications that included the following:</p> <ul style="list-style-type: none"> - NJ Exec Order 26.4b1 one tablet twice daily from NJ Exec Order 26.4b1 through NJ Exec Order 26.4b1. - NJ Exec Order 26.4b1 every night at 9:00 PM NJ Exec Order 26.4b1 through NJ Exec Order 26.4b1 (except for NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1 when the MAR was left blank for the scheduled doses of NJ Exec Order 26.4b1). - NJ Exec Order 26.4b1 every night at 9:00 PM from NJ Exec Order 26.4b1 through NJ Exec Order 26.4b1 and 25 mg every night at 9:00 PM from NJ Exec Order 26.4b1 through NJ Exec Order 26.4b1 (except for NJ Exec Order 26.4b1 when the MAR was left blank for the scheduled dose). <p>A review of an "Order Summary Report" for Resident #71, dated NJ Exec Order 26.4b1, revealed the</p>	F 641			

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F 641	<p>Continued From page 17</p> <p>resident's current physician's orders included the NJ Exec Order 26.4b1.</p> <p>Review of the Medications section of Resident #71's quarterly MDS dated NJ Exec Order 26.4b1 revealed the MDS inaccurately indicated that the resident received NJ Exec Order 26.4b1 and no NJ Exec Order 26.4b1 during the assessment period. Additionally, NJ Exec Order 26.4b1 was not identified on the MDS as an active diagnosis, although Resident #71 NJ Exec Order 26.4b1 for NJ Exec Order 26.4b1 during the assessment period.</p> <p>MDS Coordinator #4 was interviewed on 01/26/2023 at 11:43 AM. She stated medications such as NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1 taken during the assessment period would be captured on the MDS. She added if any medication taken was omitted, that would be considered an MDS inaccuracy. The MDS Coordinator reviewed the MDS for Resident #71 and confirmed the NJ Exec Order 26.4b1 were not coded on the MDS and therefore, there were errors on the MDS. MDS Coordinator #4 stated MDS Coordinator #3 was the nurse who completed Resident #71's MDS assessment.</p> <p>MDS Coordinator #3 was interviewed on 01/26/2023 at 12:02 PM. She stated any NJ Exec Order 26.4b1 or NJ Exec Order 26.4b1 taken during the assessment period should be added to the MDS, and if these medications were not added, the MDS would not be accurate. She indicated if a resident had a diagnosis of NJ Exec Order 26.4b1 that was not addressed on the MDS, this would be an MDS inaccuracy. The nurse reviewed the MDS for Resident #71 and stated it was an oversight</p>	F 641			

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F 641	Continued From page 18 that the medications and diagnosis had not been included. During an interview on 01/25/2023 at 3:03 PM, the Director of Nursing (DON) stated she just started in the position three days prior but expected MDS assessments to be coded accurately. During an interview on 01/25/2023 at 3:10 PM, the Administrator stated the MDS coordinators were responsible for ensuring MDSs were coded accurately. He indicated he expected the MDSs to be coded correctly and accurately.	F 641			
F 644 SS=D	New Jersey Administrative Code § 8:39-11.1 Coordination of PASARR and Assessments CFR(s): 483.20(e)(1)(2) §483.20(e) Coordination. A facility must coordinate assessments with the pre-admission screening and resident review (PASARR) program under Medicaid in subpart C of this part to the maximum extent practicable to avoid duplicative testing and effort. Coordination includes: §483.20(e)(1) Incorporating the recommendations from the PASARR level II determination and the PASARR evaluation report into a resident's assessment, care planning, and transitions of care. §483.20(e)(2) Referring all level II residents and all residents with newly evident or possible serious mental disorder, intellectual disability, or a related condition for level II resident review upon a significant change in status assessment. This REQUIREMENT is not met as evidenced by:	F 644		3/14/23	

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F 644	<p>Continued From page 19</p> <p>Based on interviews, record reviews, and facility policy review, it was determined the facility failed to ensure residents with a new NJ Exec Order 26.4(b)(1) diagnosis were referred to the state-designated authority for a level two pre-admission screening and resident review (PASRR) for 2 (Resident #74 and Resident #71) of 3 sampled residents reviewed for PASRR.</p> <p>Findings included:</p> <p>A review of the facility policy titled, "Preadmission Screening and Resident Review (PASARR)," copyright 2023, revealed, "4. Social services staff are required to coordinate the PASARR assessments and recommendations including: Referring Level II patients and patients with newly evident or possible serious mental disorder, intellectual, or a related condition for Level II review upon a significant change in status assessment."</p> <p>1. A review of an "Admission Record Report" revealed the facility admitted Resident #74 on NJ Exec Order 26.4b1 with diagnoses including NJ Exec Order 26.4b1.</p> <p>A review of a "Preadmission Screening and Resident Review (PASRR) Level I Screen," dated as completed NJ Exec Order 26.4b1, revealed Resident #74 did NJ Exec Order 26.4b1.</p> <p>A review of a care plan, dated as initiated NJ Exec Order 26.4b1, revealed Resident #74 was at risk for NJ Exec Order 26.4b1. Further review of Resident #74's Admission Record Report indicated the resident was diagnosed with</p>	F 644	<p>Corrective Action</p> <p>R74 will have a new PASSAR evaluation completed.</p> <p>R71 will have a new PASSAR evaluation completed</p> <p>Potential to Affect</p> <p>All residents have the potential to be affected.</p> <p>Systemic Change</p> <p>The Social Worker and MDS staff will receive education on ensuring that residents with a new mental illness diagnosis are referred to the state designated authority for a level two pre-admission screening and resident review (PASSAR).</p> <p>Monitoring</p> <p>The Social Worker/Designee will review residents on new psychotropic medications to ensure any new diagnosis that warrants a level 2 PASSAR is completed daily x 5 days then weekly x 3 weeks then monthly 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 644	<p>Continued From page 20</p> <p>NJ Exec Order 26.4b1 on NJ Exec Order 26.4b1</p> <p>A review of an "Order Summary Report" revealed Resident #74 had a physician's order dated NJ Exec Order 26.4b1 to start NJ Exec Order 26.4b1 at bedtime for NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1.</p> <p>A quarterly Minimum Data Set (MDS), dated NJ Exec Order 26.4b1, revealed the resident had an active diagnosis of NJ Exec Order 26.4b1.</p> <p>Review of Resident #74's medical record revealed no evidence the resident was referred to the state-designated authority for further PASRR screening after being newly diagnosed with a NJ Exec Order 26.4b1.</p> <p>During an interview on 01/26/2023 at 12:18 PM, the Social Worker (SW) revealed he was responsible for ensuring a new PASRR was completed after a NJ Exec Order 26.4b1. The SW stated he was not working in the facility in NJ Exec Order 26.4b1 when Resident #74 received a new diagnosis of NJ Exec Order 26.4b1 and was prescribed NJ Exec Order 26.4b1, but he stated another PASRR screening should have been completed at that time.</p> <p>During an interview on 01/26/2023 at 12:40 PM, Minimum Data Set (MDS) Coordinator #4 revealed it was her responsibility to ensure a level one PASRR was completed on admission. She stated she also reviewed the level one screening and any new diagnoses when she completed a quarterly, significant, or annual MDS assessment. MDS Coordinator #4 stated she should have identified Resident #74's NJ Exec Order 26.4b1 NJ Exec Order 26.4b1 when she completed the resident's NJ Exec Order 26.4b1 quarterly MDS</p>	F 644			

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F 644	<p>Continued From page 21</p> <p>assessment. MDS Coordinator #4 stated going forward she would have to do a better job of monitoring diagnoses and prescriptions for [REDACTED] medications.</p> <p>During an interview on 01/26/2023 at 1:43 PM with the Director of Nursing (DON) revealed it was her [REDACTED] in the DON role. The DON stated she was unsure of the timing of referring a resident for further PASRR screening, but she would have expected a new PASRR to be completed in [REDACTED], when there was a new [REDACTED] for Resident #74.</p> <p>During an interview on 01/26/2023 at 4:00 PM, the Administrator revealed a level one PASRR should be completed for every resident on admission. The Administrator stated the facility received the PASRR from the hospital at the time of admission, but he was unsure when another PASRR should be completed. The Administrator stated he believed another screening should be completed when there was a change in condition and indicated he would have expected another PASSR to be completed after Resident #74 received a new [REDACTED]. The Administrator stated it was important for the facility to complete the PASRRs timely and accurately to ensure residents were in the appropriate level of care and received any necessary services for which they might be eligible in a timely manner.</p> <p>2. A review of an "Admission Record Report" revealed the facility admitted Resident #71 with diagnoses that included [REDACTED]</p>	F 644			

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F 644	<p>Continued From page 22</p> <p>A review of a "Pre-Admission Screening and Resident Review (PASRR) Level 1 Screen," with an authorization date of [NJ Exec Order 26.4b1] indicated Resident #71 had no qualifying [NJ Exec Order 26.4b1] including [NJ Exec Order 26.4b1]. The PASRR indicated the screening for Resident #71 was [NJ Ex.Order 26.4(b)(1)], and nothing further was required.</p> <p>Review of Resident #71's care plan, dated as revised [NJ Exec Order 26.4b1], indicated the resident received [NJ Exec Order 26.4b1] due to behaviors that included being [NJ Exec Order 26.4b1]. The care plan revealed the resident was [NJ Exec Order 26.4b1].</p> <p>A review of the [NJ Exec Order 26.4b1] Medication Administration Record revealed Resident #71 received [NJ Exec Order 26.4b1] for [NJ Exec Order 26.4b1].</p> <p>A quarterly Minimum Data Set (MDS), dated [NJ Exec Order 26.4b1] revealed Resident #71 had a Brief Interview for Mental Status (BIMS) score of [NJ], which indicated the resident had [NJ Exec Order 26.4b1]. The MDS indicated the resident had active diagnoses of [NJ Exec Order 26.4b1]. Review of medications used by the resident within the previous seven days included [NJ Exec Order 26.4b1] and [NJ Exec Order 26.4b1] medications.</p> <p>A review of an "Order Summary Report" revealed Resident #74 had a physician's order for [NJ Exec Order 26.4b1], which was started on [NJ Exec Order 26.4b1] and was an active order. The Order Summary Report also indicated the resident had diagnoses</p>	F 644			

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F 644	Continued From page 23 including NJ Exec Order 26.4b1 . The Social Worker (SW) was interviewed by phone on 01/26/2023 at 12:18 PM. The SW stated one of his responsibilities was PASRR completion, but since he was an interim SW, he did not always have access to all clinical information. The SW stated that unless there was something he was unaware of when a PASRR was done, nothing further was required. He stated the only time a PASRR would be redone was if a NJ Exec Order 26.4b1 was missed. The SW reviewed Resident #71's clinical information and stated if the initial PASRR was completed in NJ Exec Ord and a diagnosis of NJ Exec Order 26.4b1 was added after admission, as was found in Resident #71's chart, a new PASRR evaluation should have been completed for the resident. The Director of Nursing (DON) was interviewed on 01/26/2023 at 1:44 PM and stated she was aware that if a resident received a new diagnosis of NJ Exec Order 26.4b1 a new PASRR had to be completed. The DON acknowledged that, based on what she reviewed in Resident #71's chart, the resident should have been re-evaluated. The Administrator was interviewed on 01/26/2023 at 3:40 PM. The Administrator stated his expectation was for the PASRR to be completed prior to admission. The Administrator stated he was unsure when the PASRR required re-evaluation, but he expected re-evaluation to be completed as needed per regulatory guidelines.	F 644			
F 690 SS=D	New Jersey Administrative Code § 8:39-6.1 Bowel/Bladder Incontinence, Catheter, UTI	F 690		3/14/23	

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F 690	<p>Continued From page 24 CFR(s): 483.25(e)(1)-(3)</p> <p>§483.25(e) Incontinence. §483.25(e)(1) The facility must ensure that resident who is continent of bladder and bowel on admission receives services and assistance to maintain continence unless his or her clinical condition is or becomes such that continence is not possible to maintain.</p> <p>§483.25(e)(2) For a resident with urinary incontinence, based on the resident's comprehensive assessment, the facility must ensure that-</p> <p>(i) A resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary;</p> <p>(ii) A resident who enters the facility with an indwelling catheter or subsequently receives one is assessed for removal of the catheter as soon as possible unless the resident's clinical condition demonstrates that catheterization is necessary; and</p> <p>(iii) A resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore continence to the extent possible.</p> <p>§483.25(e)(3) For a resident with fecal incontinence, based on the resident's comprehensive assessment, the facility must ensure that a resident who is incontinent of bowel receives appropriate treatment and services to restore as much normal bowel function as possible.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observations, record review,</p>	F 690	<p>Corrective Action</p>		

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F 690	<p>Continued From page 25</p> <p>interviews, and facility policy review, the facility failed to provide treatment and services to prevent potential complications related to the use of an NJ Exec Order 26.4b1 for 1 (Resident #108) of 1 sampled resident reviewed for NJ Exec Order 26.4b1 care. Specifically, the facility failed to secure Resident #108's NJ Exec Order 26.4b1 to prevent excessive tension on the NJ Exec Order 26.4b1 which could cause dislodgement of the NJ Exec Order 26.4b1 or injury to the NJ Exec Order 26.4b1; failed to ensure the NJ Exec Order 26.4b1 was maintained below the level of the NJ Exec Order 26.4b1 to facilitate NJ Exec Order 26.4b1 and failed to avoid application of NJ Exec Order 26.4b1 to the NJ Exec Order 26.4b1 to prevent potential NJ Exec Order 26.4b1</p> <p>Findings included:</p> <p>A review of a facility policy titled, "Catheter Care: Indwelling Catheter-Resident Services," copywrite 2023, indicated, "Secure catheter tubing to resident's leg using a securement device or Velcro leg strap as ordered and clinically indicated - prevents traction on the urethra. Check that tubing is not looped, kinked, clamped or positioned above the level of the bladder and off the floor." The policy also indicated, "Avoid using powders and sprays on the perineal areas unless ordered by a physician."</p> <p>A review of an "Admission Record Report" indicated the facility admitted Resident #108 with diagnoses that included NJ Exec Order 26.4b1</p> <p>A quarterly Minimum Data Set (MDS), dated NJ Exec Order 26.4b1, revealed Resident #108 had a Brief Interview for Mental Status (BIMS) score of NJ Exec Order 26.4b1</p>	F 690	<p>R108's NJ Exec Order 26.4b1, maintained NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1</p> <p>Potential to Affect All residents with indwelling catheters have the potential to be affected. An audit was completed to ensure securement devices are in place for tubing, drainage bags maintained below the level of the bladder, and that tubing is free of powders and creams.</p> <p>Systemic Change The Director of Nursing/Designee will educate licensed nurses and CNA's on ensuring indwelling catheters are secured with device, maintained below the level of the bladder, and tubing free of powders and creams.</p> <p>Monitoring The DON/Designee will conduct 3 random sample audits of indwelling catheters securement, level and free of powders and creams daily x 5 days then weekly x 3 weeks then monthly 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 690	<p>Continued From page 26</p> <p>which indicated the resident was [REDACTED] NJ Exec Order 26.4b1</p> <p>The MDS indicated Resident #108 required total assistance for all activities of daily living and had an NJ Exec Order 26.4b1.</p> <p>Review of Resident #108's "Care Plan," dated as revised [REDACTED] NJ Exec Order 26.4b1 indicated Resident #108 had an NJ Exec Order 26.4b1. Interventions included keeping the [REDACTED] NJ Exec Order 26.4b1 and securing the [REDACTED] NJ Exec Order 26.4b1.</p> <p>A review of an "Order Summary Report" revealed Resident #108 had a physician's order dated as initiated [REDACTED] NJ Exec Order 26.4b1 to maintain the [REDACTED] NJ Exec Order 26.4b1 due to a NJ Exec Order 26.4b1.</p> <p>Additionally, the resident had a physician's order dated [REDACTED] NJ Exec Order 26.4b1 for NJ Exec Order 26.4b1 [REDACTED] to the [REDACTED] NJ Exec Order 26.4b1 and [REDACTED] NJ Exec Order 26.4b1 as needed.</p> <p>On 01/25/2023 at 10:30 AM, an observation was made of Certified Nursing Assistant (CNA) #5 and CNA #6 providing care for Resident #108, and the CNAs were interviewed during the observation. The CNAs stated [REDACTED] NJ Exec Order 26.4b1 care had been completed. Observation of the [REDACTED] NJ Exec Order 26.4b1 revealed a large amount of [REDACTED] NJ Exec Order 26.4b1 on the [REDACTED] NJ Exec Order 26.4b1 up to the point the [REDACTED] NJ Exec Order 26.4b1 entered Resident #108's [REDACTED] NJ Exec Order 26.4b1. The [REDACTED] NJ Exec Order 26.4b1 had no device that secured the [REDACTED] NJ Exec Order 26.4b1 to keep the [REDACTED] NJ Exec Order 26.4b1 from being pulled. At the time the observation began, the [REDACTED] NJ Exec Order 26.4b1 was lying in bed with the resident, close to the resident's feet. CNA #5 stated the [REDACTED] NJ Exec Order 26.4b1 had been placed in bed with the resident due to care being provided. CNA #6 then removed the [REDACTED] NJ Exec Order 26.4b1 from the bed and held it in her hands approximately 10 inches above the level of</p>	F 690			

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F 690	<p>Continued From page 27</p> <p>the bed and the resident's [NJ Exec Order 26.4b1] and then placed the [NJ Exec Order 26.4b1] back on bed with the resident. CNA #5 stated this was her first day working with Resident #108. Resident #108's [NJ Exec Order 26.4b1] remained on the bed while staff provided care. Further interview with CNA #5 and CNA #6 confirmed when they entered the room, Resident #108's [NJ Exec Order 26.4b1] was not secured. In addition, the CNAs placed pants on Resident #108, without securing the resident's [NJ Exec Order 26.4b1] to prevent [NJ Exec Order 26.4b1] Upon exit from Resident #108's room at 10:42 AM, the resident's [NJ Exec Order 26.4b1] remained on the bed with the resident.</p> <p>The resident was observed and interviewed on 01/25/2023 at 1:00 PM. The resident stated staff had placed a [NJ Exec Order 26.4b1]. Resident #108 stated there had been no issues with having a [NJ Exec Order 26.4b1] when they resided on another unit in the facility but since moving to the current unit, the [NJ Exec Order 26.4b1] had been removed and had not been replaced. Resident #108 stated staff knew the [NJ Exec Order 26.4b1] should have been secured.</p> <p>Licensed Practical Nurse (LPN) #7 was interviewed on 01/25/2023 at 1:20 PM. The LPN stated there should have been a [NJ Exec Order 26.4b1] Resident #108's [NJ Exec Order 26.4b1] to prevent [NJ Exec Order 26.4b1]</p> <p>[NJ Exec Order 26.4b1] The LPN stated the CNA notified her that morning that Resident #108 did not have a [NJ Exec Order 26.4b1] and the LPN applied a [NJ Exec Order 26.4b1]. LPN #7 stated even when care was being provided, a [NJ Exec Order 26.4b1] should be kept [NJ Exec Order 26.4b1] to prevent the [NJ Exec Order 26.4b1], which increased the risk of</p>	F 690			

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F 690	<p>Continued From page 28</p> <p>NJ Exec Order 26.4b1. The nurse stated the NJ Exec Order 26.4b1 on the NJ Exec Order 26.4b1 would capture all types of NJ Exec Order 26.4b1.</p> <p>Registered Nurse (RN) #8 was interviewed on 01/26/2023 at 9:53 AM. The RN stated the NJ Exec Order 26.4b1 and NJ Exec Order should be maintained NJ Exec Order 26.4b1 and not touching the floor. She added NJ Exec Order 26.4b1 should be NJ Exec Order 26.4b1. RN #8 added the NJ Exec Order 26.4b1 should be free of NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1. The RN stated that even during care, the NJ Exec Order 26.4b1 should not be on the bed but hung on one side of the bed or the other.</p> <p>The Director of Nursing (DON) was interviewed on 01/26/2023 at 1:47 PM. The DON stated she expected the NJ Exec Order 26.4b1 to be secured so the NJ Exec Order 26.4b1. The DON stated a NJ Exec Order 26.4b1 should be placed NJ Exec Order 26.4b1.</p> <p>The Administrator was interviewed on 01/26/2023 at 4:17 PM. The Administrator stated a NJ Exec Order should be located below the NJ Exec Order 26.4b1, and NJ Exec Order 26.4b1 should be properly secured.</p>	F 690			
F 803 SS=E	<p>New Jersey Administrative Code § 8:39-19.4</p> <p>Menus Meet Resident Nds/Prep in Adv/Followed CFR(s): 483.60(c)(1)-(7)</p> <p>§483.60(c) Menus and nutritional adequacy. Menus must-</p> <p>§483.60(c)(1) Meet the nutritional needs of residents in accordance with established national</p>	F 803		3/14/23	

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F 803	<p>Continued From page 29 guidelines.;</p> <p>§483.60(c)(2) Be prepared in advance;</p> <p>§483.60(c)(3) Be followed;</p> <p>§483.60(c)(4) Reflect, based on a facility's reasonable efforts, the religious, cultural and ethnic needs of the resident population, as well as input received from residents and resident groups;</p> <p>§483.60(c)(5) Be updated periodically;</p> <p>§483.60(c)(6) Be reviewed by the facility's dietitian or other clinically qualified nutrition professional for nutritional adequacy; and</p> <p>§483.60(c)(7) Nothing in this paragraph should be construed to limit the resident's right to make personal dietary choices. This REQUIREMENT is not met as evidenced by: Based on observations, interviews, record reviews, document review, and facility policy review, it was determined that the facility failed to follow the planned, written menu and ensure residents were notified in advance of menu changes for 1 of 1 meal observed. The facility identified 86 residents who received meals from the kitchen (total census 118).</p> <p>Review of a facility policy titled, "Menu Overview and Changes," dated 11/2020, revealed the suggested steps to follow when changing the menu included, "4. The registered/licensed dietician approves the changes and signs the diet spreadsheet where changes were made. The food service director makes the approved</p>	F 803	<p>Corrective Action R101 will receive planned Menus and appropriate serving sizes. R101 will be notified in advance of any menu changes which will be signed off by the Registered Dietician. All other residents will receive planned Menus and appropriate serving sizes. All residents will be notified in advance of any menu changes which will be signed off by the Registered Dietician.</p> <p>Potential to Affect All residents who receive meals from the Kitchen have the potential to be affected.</p> <p>Systemic Change</p>		

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F 803	<p>Continued From page 30</p> <p>changes on the following menu components: week at a glance, diet spreadsheet, posting menus, and selective menus."</p> <p>Review of a facility policy titled, "Portion Control Equipment," dated 11/2020, revealed, "Portioning is used with standardized recipes to meet menu requirements. 1. Identify portion control equipment needed by checking recipes and the diet spreadsheet." 7. Review serving sizes on recipes and menus with staff before meal preparation and service."</p> <p>Review of a facility policy titled, "Menu Substitutions," dated 11/2020, revealed, "A record of menu substitutions is maintained. 2. Patients are notified about menu changes prior to meals when possible. 3. The menu substitution may be recorded on the menu or on a separate log. 4. The registered dietitian reviews menu substitutions and provides staff education as needed."</p> <p>Review of the "Cycle P Regular Menu Week 3" revealed the following menu items: country fried steak, cream gravy, mashed potatoes, squash casserole, wheat roll, and cherry top pound cake. Alternates included baked rosemary chicken, gravy, parmesan rice, and baked tomatoes.</p> <p>Review of the "Week 3 Day 16 Lunch Menu Diet Spreadsheet" revealed residents on regular diets were to receive 3 ounces (oz.) country fried steak, 2 oz. of cream gravy, 4 oz. of mashed potatoes, 4 oz. of squash casserole, one wheat roll, one serving of margarine spread, a 2-inch (in) by (x) 3-in portion of cherry topped pound cake, coffee or tea, and garnish of choice. Alternates included 3 oz. of baked rosemary chicken, 4 oz. of parmesan rice, and 4 oz. of</p>	F 803	<p>The Administrator/Designee will educate Dietary Staff on following the menu including serving sizes and ensuring the menu is reviewed by the Dietician before making any changes.</p> <p>Monitoring The Administrator/Designee will conduct audits at random 1 mealtime daily x 5 days then weekly x 3 weeks then monthly 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 803	<p>Continued From page 31</p> <p>baked tomatoes. The dysphagia mechanical diet included a #12 scoop of county fried steak, 2 oz. of gravy, 4 oz. of mashed potatoes, a #12 scoop of pureed squash casserole, a #16 scoop of bread, a #10 scoop of cherry topped pound cake. Alternates were a #10 scoop of baked rosemary chicken, 2 oz. of gravy, a #10 scoop of pureed rice, and 4 oz. of vegetable juice. The mechanical diet was a #12 scoop of country fried steak, 2 oz. of gravy, 4 oz. of mashed potatoes, 4 oz. of squash casserole, a wheat roll, a 2 in x 3 in of cherry top pound cake. Alternates of #10 scoop of baked rosemary chicken, 2 oz. of gravy, 4 oz. parmesan rice and 4 oz. of vegetables juice. Pureed diet of 3 oz. of beef patty, 2 oz. of gravy, 4 oz. of mashed potatoes, #12 scoop of squash casserole, #16 scoop of pureed bread, #10 scoop of cherry top pound cake. Alternates of 3 oz. baked rosemary chicken, 2 oz. of gravy, #10 scoop of rice, and 4 oz. of vegetable juice.</p> <p>On 01/23/2023 at 12:01 PM, the steam table holding the lunch menu items and a warming box was observed with the main menu items of chopped steak meat with diced green and red peppers and onions, mixed vegetables, mashed potatoes, and brown gravy. Bananas were observed sitting on top of the steam table. The alternate lunch menu items consisted of baked chicken breast patties, diced yellow squash, white rice, and baked tomatoes. Chocolate pudding was also on the serving line.</p> <p>On 01/23/2023 from 12:03 PM to 12:35 PM, Dietary Cook (DC) #12 was observed plating lunch menu items for the residents' lunch meal trays. DC # 12 was observed plating regular diet meals with chopped up steak meat with diced green and red peppers using a #16 scoop, mixed</p>	F 803			

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F 803	<p>Continued From page 32</p> <p>vegetables using a 4 oz. ladle, brown gravy using a 2 oz. ladle, and mashed potatoes using a #8 scoop. Dietary Employee (DE) #13 was observed placing a banana or pudding on the residents' trays. DE #13 stated they did not have the cherry pound cake, so a banana or pudding were offered. DC #12 was also observed plating mechanical diet trays of chopped steak with red and green peppers and onions using a 2 oz. ladle, mixed vegetables using a 4 oz. ladle, brown gravy using a 2 oz. ladle, mashed potatoes using a #8 scoop, and pureed bread using a #16 scoop. For the regular meal, there was no squash casserole or cherry topped pound cake. For the mechanical alternate, DC #12 was observed plating ground chicken using a 2 oz ladle and gravy using a 2 oz. ladle. There was no 4 oz. cup of vegetable juice, cherry pound cake, or squash casserole served. DC #12 was observed plating mechanical dysphagia diet trays of chopped steak with red and green peppers and onions using a 2 oz. ladle, gravy using a 2 oz. ladle, mashed potatoes using a #8 scoop, mixed veggies using a 4 oz. ladle, and pureed scoop of bread using a #16 scoop. There was no squash casserole or cherry topped pound cake served. For the alternate mechanical dysphagia diet, DC #12 was observed plating ground steak meat and ground chicken using a 2 oz. ladle. There was no vegetable juice served.</p> <p>On 01/26/2023 at 9:05 AM, the Food Service Manager (FSM) stated the registered dietitian did not sign off on the menu changes for 01/23/2023. She indicated the facility got the menus from corporate, but some food items were not available, so the other food items were served. She stated the chicken fried steak was substituted with chopped steak meat with</p>	F 803			

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F 803	<p>Continued From page 33</p> <p>peppers and onions, but the menu and diet spreadsheet indicated country fried steak. The menu and diet spreadsheet indicated to serve squash casserole, cherry top pound cake, roll, and veggie juice but was not served. The FSM stated the vendor did not have the cherry pound cake, so a banana or chocolate pudding was served. She indicated for the mechanical diets, no vegetable juice was given because they did not have any in the facility. FSM stated she did not know to tell the residents about the changes since she received the menus from corporate, even though different food items were served. She indicated the menu was given to the residents but not followed. The FSM stated the menu serving sizes should be followed. She indicated she expected the menu and serving sizes to be followed according to the planned menu. She indicated she would fix the issues going forward and monitor staff.</p> <p>On 01/26/2023 at 9:42 AM, DC #12 stated they were out of chicken fried steak, so he cooked diced steak meat with peppers and onions. He indicated they only had a small amount of squash casserole, so mixed veggies were served instead. He indicated the facility did not have vegetable juice, so it was not served. DC #12 stated he should have used the correct serving sizes according to the planned menu. He indicated he was trained to serve residents according to the planned menu. He indicated he would monitor the diet spreadsheet more closely, so residents were served what was indicated on it. He acknowledged the residents were given a menu but most of the food items were not served. He expected the planned menu and serving sizes to be followed.</p>	F 803			

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F 803	<p>Continued From page 34</p> <p>A review of Resident #101's quarterly Minimum Data Set (MDS), dated [REDACTED] NJ Exec Order 26.4b1, revealed the resident had a Brief Interview of Mental Status (BIMS) of [REDACTED] NJ Exec Order 26.4b1, indicating the resident was [REDACTED] NJ Exec Order 26.4b1. A review of Resident #101's diet order, dated [REDACTED] NJ Exec Order 26.4b1 revealed the resident was to receive a controlled [REDACTED] NJ Exec Order 26.4b1. During an interview on 01/23/2023 at 12:41 PM, Resident #101 stated the facility did not follow the menus. Resident #101 stated the food listed on the menu was not always what was sent out to the residents. Resident #101 stated that today's menu was country fried steak, but the kitchen sent chopped up meat with peppers instead. An observation of Resident #101's tray at this time revealed the resident did not receive country fried steak or the alternate of baked rosemary chicken but received chopped meat with peppers instead. Review of Resident #101's meal card revealed for lunch on [REDACTED] NJ Exec Order 26.4b1, the resident should have received an entrée of country fried steak with gravy or baked rosemary chicken.</p> <p>On 01/26/2023 at 11:13 AM, the Director of Nursing (DON) stated she had only been employed by the facility for [REDACTED] NJ Exec Order 26.4b1 but expected menus and serving sizes to be followed. She expected residents to be notified of any menu changes. The DON stated the registered dietitian should have signed off on the diet changes and then the residents should have been informed.</p> <p>On 01/26/2023 at 11:15 AM, the Administrator stated the dietitian was off work and did not make changes to the menu served on 01/23/2023. He indicated the FSM or registered dietitian did not mention they could not get the planned lunch</p>	F 803			

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F 803	Continued From page 35 menu items from the vendor. He stated he expected the menus to be followed and reviewed by the dietician before making any changes, which did not happen. He indicated staff were trained to follow the menu, including serving sizes. He stated residents should not have been given a menu of food items then served something different. He stated he would start monitoring the menu. He stated he normally monitored in the kitchen for sanitation practice but not the menu or serving sizes but would start. The Administrator expected the menu and serving sizes to be followed.	F 803			
F 880 SS=D	New Jersey Administrative Code § 8:39-17.2 Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f) §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. §483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements: §483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment	F 880			3/14/23

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F 880	<p>Continued From page 36</p> <p>conducted according to §483.70(e) and following accepted national standards;</p> <p>§483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to:</p> <p>(i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility;</p> <p>(ii) When and to whom possible incidents of communicable disease or infections should be reported;</p> <p>(iii) Standard and transmission-based precautions to be followed to prevent spread of infections;</p> <p>(iv) When and how isolation should be used for a resident; including but not limited to:</p> <p>(A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and</p> <p>(B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.</p> <p>(v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and</p> <p>(vi) The hand hygiene procedures to be followed by staff involved in direct resident contact.</p> <p>§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.</p> <p>§483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of</p>	F 880			

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F 880	<p>Continued From page 37 infection.</p> <p>§483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by: Based on observations, interviews, record review, and facility policy review, the facility failed to: 1. Ensure staff donned proper personal protective equipment (PPE) when entering a room where a resident was on NJ Exec Order 26.4b1 for 1 (Resident #12) of 2 residents observed on isolation precautions. 2. Ensure staff properly cleaned a NJ Exec Order 26.4b1 following manufacturer's instructions during 1 of 1 NJ Exec Order 26.4b1 observation.</p> <p>Findings included:</p> <p>1. A review of the facility's "Practice Guidelines," dated 07/2021, revealed "Contact transmission is the most important and frequent mode of transmission of healthcare associated infections. It is divided into two (2) subgroups: direct and indirect contact transmission." The guidelines added that in addition to standard precautions, other measures were necessary for contact precautions including gloves, gown, disposable patient care equipment, and to limit transport and movement of residents outside the room and provide a private room when possible.</p> <p>An observation was made on 01/24/2023 at 9:05 AM of Registered Nurse (RN) #8 entering the room of Resident #12 to provide the resident with medications, including an NJ Exec Order 26.4b1. On Resident #12's door was a NJ Exec Order 26.4b1 sign</p>	F 880	<p>Corrective Action R12 is no longer on NJ Exec Order 26.4b1 precautions. R51 is not a sampled resident. However, the resident was not affected.</p> <p>Potential to Affect All residents have the potential to be affected.</p> <p>Systemic Change The Director of Nursing/Designee will educate staff of use of PPE for contact precautions. Licensed nurses will be educated to take supplies necessary for taking a blood sugar and proper cleaning of glucometer after use.</p> <p>Monitoring The DON/Designee will conduct random sample audits of PPE use and Glucometer use daily x 5 days then weekly x 3 weeks then monthly 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> <p>DPOC Root Cause Analysis</p>		

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F 880	<p>Continued From page 38</p> <p>that indicated anyone entering the room should wear gloves, a gown, eye protection, and a mask. By the door of Resident #12's room was a chest containing gloves, gowns, and eye protection. When RN #8 entered the resident's room, she wore gloves, a mask, and eye protection, but failed to don a gown. On exiting the room a few moments later, RN #8 was interviewed. She stated the resident had been placed on [REDACTED] <small>NJ Exec Order 26.4b</small></p> <p>The nurse stated she thought the sign meant if she was going to contact the resident then she needed to don all the PPE listed. She stated that since she had not been providing care and was not going to contact the resident physically, she did not think she needed to wear a gown. The nurse stated that when giving the resident the [REDACTED] <small>NJ Exec Order 26.4b1</small>, the resident had pulled up the gown and she had not touched the resident.</p> <p>In an interview on 01/24/2023 at 9:15 AM, RN #8 reviewed the [REDACTED] <small>NJ Exec Order 26.4b1</small> sign on Resident #12's door and acknowledged the sign stated a gown must be donned before entering the room.</p> <p>The Director of Nursing (DON) was interviewed on 01/26/2023 at 3:19 PM. The DON stated she expected any employee entering a contact isolation room to wear a gown, gloves, and follow the signage on the door. The consequences of not following the signage and contact precautions could be spreading of infection.</p> <p>The Administrator was interviewed on 01/26/2023 at 4:23 PM. The Administrator stated with a resident on [REDACTED] <small>NJ Exec Order 26.4b1</small>, the gown should be worn along with gloves. The Administrator stated</p>	F 880	<p>No residents were affected by this practice. Residents in the facility have the potential to be affected by this practice.</p> <p>A Root Cause Analysis was written to identify the root cause of the deficient practice.</p> <p>Staff were deficient due to lack of understanding of the contact PPE precaution protocol and ensuring glucometers are cleaned immediately after use.</p> <p>Directed Inservice Training</p> <p>Staff will complete the following in-services:</p> <p>Top Line Staff and Infection Preventionist: Module 1 Infection Prevention and Control Program</p> <p>Front Line Staff: CDC Covid-19 Prevention messages for frontline long-term care staff: Keep Covid-19 out!</p> <p>Front Line Staff: CDC Covid-19 Prevention messages for frontline long-term care staff: Use PPE Correctly for Covid-19</p> <p>Provide training to all staff including topline staff including the Infection Preventionist: Nursing Home Infection Preventionist Module 11B- Environmental Cleaning and Disinfection</p>		

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F 880	<p>Continued From page 39</p> <p>that even if the nurse was going into the room to give medications, the precautions posted should be posted and followed.</p> <p>2. A review of the facility's policy, "Blood glucose monitoring, long-term care," revised 11/28/2022, revealed, "If one device must be used to monitor several residents, it must be cleaned and disinfected after every use following the manufacturer's instructions to prevent carryover of blood and infectious agents."</p> <p>A review of the manufacturer's instructions for the EvenCare G3 blood glucose monitoring system Healthcare Professional Operator's Manual revealed, "The EvenCare G3 Meter should be cleaned and disinfected between each patient." The operator's manual gave specific directions for cleaning and disinfecting the meter which included, "Inspect for blood, debris, dust, or lint anywhere on the meter. Blood and bodily fluids must be thoroughly cleaned from the surface of the meter. To clean the meter, use a moist (not wet) lint-free cloth dampened with a mild detergent. Wipe all external areas of the meter including both the front and the back surfaces until visibly clean. Avoid wetting the meter test strip port. To disinfect your meter, clean the meter surface with an EPA registered disinfecting wipe. Wipe all external areas of the meter including both front and back surfaces until visibly wet."</p> <p>During medication pass observation, which started on 01/24/2023 at 11:10 AM, Licensed Practical Nurse (LPN) #10 was preparing medications for Resident #51. On top of the medication cart was a small basket filled with [REDACTED], a bottle of [REDACTED] NJ Exec Order 26.4b1 and a [REDACTED] NJ Exec Order 26.4b1. The nurse</p>	F 880	<p>Provide Training to topline staff and Infection Preventionist Only: Nursing Home Infection Preventionist Module 4- Infection Surveillance</p> <p>Provide training to all staff including topline staff and Infection Preventionist: Nursing Home Infection Preventionist Training Course Module 6B- Principles of Transmission Base Precautions</p>		

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F 880	<p>Continued From page 40</p> <p>carried the entire basket into the room to check Resident #51's [REDACTED] NJ Exec Order 26.4b1. While LPN #10 was checking the resident's [REDACTED] NJ Exec Order 26.4b1, she passed the basket to another staff member in the room to hold. LPN #10 donned gloves, checked the [REDACTED] NJ Exec Order 26.4b1, placed the used [REDACTED] NJ Exec Order 26.4b1 and [REDACTED] NJ Exec Order 26.4b1 in her glove, removed the glove, and rolled the used items within the glove. She carried the [REDACTED] NJ Exec Order 26.4b1 out with her bare hands. Once in the hall, LPN #10 placed the [REDACTED] NJ Exec Order 26.4b1 back into the basket on top of the clean [REDACTED] NJ Exec Order 26.4b1 and with the bottle of [REDACTED] NJ Exec Order 26.4b1 without first cleaning the [REDACTED] NJ Exec Order 26.4b1. The nurse then placed the basket inside the medication cart.</p> <p>At 11:30 AM on 01/24/2023, LPN #10 was interviewed and stated she had been taught to clean the [REDACTED] NJ Exec Order 26.4b1 prior to placing the [REDACTED] NJ Exec Order 26.4b1 back into the medication cart. She stated the other items in the basket remained clean since the top of the [REDACTED] NJ Exec Order 26.4b1, the side closest to the resident, had not touched the [REDACTED] NJ Exec Order 26.4b1 or the [REDACTED] NJ Exec Order 26.4b1. LPN #10 stated she typically used the basket to take all needed items used for [REDACTED] NJ Exec Order 26.4b1 into resident rooms and without another staff member present placed the basket on the resident's over-bed table or nightstand. The nurse stated she took the entire basket into rooms because sometimes she had to use more than one [REDACTED] NJ Exec Order 26.4b1, and this kept the [REDACTED] NJ Exec Order 26.4b1 close.</p> <p>The Director of Nursing (DON) was interviewed on 01/26/2023 at 3:19 PM and stated she expected the [REDACTED] NJ Exec Order 26.4b1 to be cleaned and disinfected with an approved disinfectant prior to placing the [REDACTED] NJ Exec Order 26.4b1 back in the medication cart. The DON stated she expected the nurse to take only the supplies needed for a resident into a</p>	F 880			

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

PRINTED: 06/04/2024
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 01/26/2023
NAME OF PROVIDER OR SUPPLIER MOUNTAINSIDE SKILLED NURSING AND REHAB			STREET ADDRESS, CITY, STATE, ZIP CODE 1180 ROUTE 22 WEST MOUNTAINSIDE, NJ 07092		
(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 880	<p>Continued From page 41</p> <p>room and not an entire basket of supplies.</p> <p>The Administrator was interviewed on 01/26/2023 at 4:23 PM. The Administrator stated an entire container of supplies should not be taken into residents' rooms and returned to the medication cart. The Administrator stated the [REDACTED] had to be cleaned after each use and before placing it back into the cart.</p> <p>New Jersey Administrative Code § 8:39-19.4</p>	F 880			

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 062021	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 01/26/2023
NAME OF PROVIDER OR SUPPLIER MOUNTAINSIDE SKILLED NURSING AND REHAB		STREET ADDRESS, CITY, STATE, ZIP CODE 1180 ROUTE 22 WEST MOUNTAINSIDE, NJ 07092		
(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) COMPLETE DATE
S 000	Initial Comments Census: 118 Sample Size: 24 TYPE OF SURVEY: Recertification The facility is not in substantial compliance with all of the standards in the New Jersey Administrative Code 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 provisions of 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, facility document review, and a New Jersey Department of Health (NJDOH) memo dated 09/19/2021, it was determined the facility failed to ensure staffing ratios were met. The facility was deficient in certified nursing assistant (CNA) staffing for residents on 3 of 14 day shifts for the weeks of 01/08/2023 - 01/21/2023. This deficient practice had the potential to affect all residents. Findings included:	S 560	No residents were affected by this deficient finding of CNA staffing ratios above minimum requirements. All residents have the potential to be affected by this deficient finding of CNA ratios above minimum requirements. CNA staff schedules are projected to meet the regulated ratios. All efforts are made to immediately back fill vacant shifts due	3/14/23

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

Electronically Signed

TITLE

(X6) DATE

02/17/23

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 062021	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 01/26/2023
NAME OF PROVIDER OR SUPPLIER MOUNTAINSIDE SKILLED NURSING AND REHAB		STREET ADDRESS, CITY, STATE, ZIP CODE 1180 ROUTE 22 WEST MOUNTAINSIDE, NJ 07092		
(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) COMPLETE DATE
S 560	<p>Continued From page 1</p> <p>Reference: 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. The following ratio(s) were effective on 02/01/2021:</p> <p>One certified nurse aide 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 certified nurse aides, and each direct staff member shall be signed in to work as a certified nurse aide 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 certified nurse aide and perform certified nurse aide duties.</p> <p>A review of the "Nurse Staffing Report," completed by the facility for the weeks of 01/08/2023 through 01/21/2023, revealed staff-to-resident ratios that did not meet the minimum requirements as listed below:</p> <ul style="list-style-type: none"> - 01/08/2023 had 14 CNAs for 126 residents on the day shift, required 16 CNAs. - 01/10/2023 had 15 CNAs for 125 residents on the day shift, required 16 CNAs. - 01/15/2023 had 12 CNAs for 122 residents on the day shift, required 15 CNAs. 	S 560	<p>to last minute call outs.</p> <p>The Administrator/designee will conduct labor workforce meetings with the Staffing Coordinator, Human Resources Director, Payroll Clerk and the Director of Nursing to review turnover, open positions, recruitment job postings, candidate interviews, and new hire start dates 5 days per week for 4 weeks.</p> <p>Recruitment and retention initiatives include but are not limited to sign-on bonuses, referral bonuses, premium pay bonus to work vacant shifts, clinical training site for local nurse aide training program and LPN students, employer sponsored training reimbursement. Open positions posted on staffing portals with multiple staffing agencies.</p> <p>The Human Resource Director/designee will report recruitment and retention data trends to QAPI committee monthly x 3 months.</p>	

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 062021	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 01/26/2023
NAME OF PROVIDER OR SUPPLIER MOUNTAINSIDE SKILLED NURSING AND REHAB		STREET ADDRESS, CITY, STATE, ZIP CODE 1180 ROUTE 22 WEST MOUNTAINSIDE, NJ 07092		
(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) COMPLETE DATE
S 560	<p>Continued From page 2</p> <p>During an interview on 01/25/2023 at 2:51 PM, Staffing Coordinator (SC) #14 revealed she was not aware of any issues with nurse staffing but there were times there were issues staffing CNAs. SC #14 indicated she had no issues with hiring staff but there were issues with retaining staff. She stated she could get CNA staff coverage 90 percent of the time. According to SC #14, her understanding of the state staffing requirements was there should be one CNA for every seven residents on day shift, one CNA for eight to 10 residents for the evening shift, and one CNA for every 15 residents for night shift. SC #14 stated on 01/08/2023, she only had 14 CNAs scheduled because there was not a fifteenth CNA available to schedule. On 01/10/2023, there were 17 CNAs scheduled for day shift, but two CNAs did not report for their shift. SC #14 revealed on 01/15/2023, there were 13 CNAs scheduled but one CNA did not show, and the facility did not have any other staff to schedule. According to SC #14, weekends were the most difficult for which to maintain adequate CNA coverage. She stated she tried to call other CNA staff to come in to pick up a shift when staffing was short. SC #14 stated she had never thought to ask a nurse to cover a CNA's shift because it was difficult to get nurses to cover nursing shifts. SC #14 stated she was aware they were short-staffed on 01/08/2023, 01/10/2023, and 01/15/2023 and was actively trying to hire and retain staff.</p> <p>An interview was conducted on 01/26/2023 at 1:34 PM with the Director of Nursing (DON), who revealed she had not reviewed the two-week staffing sheet and was not aware the Staffing Coordinator did not schedule the minimum staff required. The DON stated the facility had great incentives for nurses to pick up shifts but was not aware if there were incentives for CNA staff. She</p>	S 560		

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 062021	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 01/26/2023
NAME OF PROVIDER OR SUPPLIER MOUNTAINSIDE SKILLED NURSING AND REHAB		STREET ADDRESS, CITY, STATE, ZIP CODE 1180 ROUTE 22 WEST MOUNTAINSIDE, NJ 07092		
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S 560	<p>Continued From page 3</p> <p>stated she believed the facility should explore having nursing staff fill in for CNA staff and using agency staffing when needed.</p> <p>During an interview on 01/26/2023 at 3:37 PM, the Administrator revealed he reviewed staffing daily and the facility forecasted a week in advance to try and meet the minimum ratios. The Administrator stated the facility offered a bonus incentive for vacant shifts for nurses and CNA staff. The Administrator stated CNA staff received a four dollar an hour increase Monday through Friday and a six dollar increase per hour on Saturday and Sundays. The Administrator stated the facility had daily staffing meetings and reviewed schedules, sign-on bonuses, and referral bonuses. The Administrator stated the facility tried to cover shifts when the staff called out and would ask staff to stay over. The Administrator stated the staff members were a team and nurses pitched in, but he could not say whether the staffing ratios and schedules were reviewed or if they identified there was a shortage. The Administrator stated he would expect that all staff, including nurses, be explored to fill in when needed. He further stated he was not aware there were staffing shortages on the three days identified.</p>	S 560		

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 315259	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 3/15/2023
NAME OF FACILITY MOUNTAINSIDE SKILLED NURSING AND REHAB	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 F0550	Correction	ID Prefix F0554	Correction	ID Prefix F0558	Correction
Reg. # 483.10(a)(1)(2)(b)(1)(2)	Completed	Reg. # 483.10(c)(7)	Completed	Reg. # 483.10(e)(3)	Completed
LSC	03/14/2023	LSC	03/14/2023	LSC	03/14/2023
ID Prefix F0641	Correction	ID Prefix F0644	Correction	ID Prefix F0690	Correction
Reg. # 483.20(g)	Completed	Reg. # 483.20(e)(1)(2)	Completed	Reg. # 483.25(e)(1)-(3)	Completed
LSC	03/14/2023	LSC	03/14/2023	LSC	03/14/2023
ID Prefix F0803	Correction	ID Prefix F0880	Correction	ID Prefix	Correction
Reg. # 483.60(c)(1)-(7)	Completed	Reg. # 483.80(a)(1)(2)(4)(e)(f)	Completed	Reg. #	Completed
LSC	03/14/2023	LSC	03/14/2023	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 <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE	
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE	
FOLLOWUP TO SURVEY COMPLETED ON 1/26/2023		<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO			

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 062021	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 3/15/2023
NAME OF FACILITY MOUNTAINSIDE SKILLED NURSING AND REHAB	STREET ADDRESS, CITY, STATE, ZIP CODE 1180 ROUTE 22 WEST MOUNTAINSIDE, NJ 07092	

This report is completed by a State surveyor to show those deficiencies previously reported 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 State Survey Report (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 S0560	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 8:39-5.1(a)	Completed	Reg. #	Completed	Reg. #	Completed
LSC	03/14/2023	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	
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 1/26/2023

☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?

☐ YES ☐ NO

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

PRINTED: 06/04/2024
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 02 B. WING _____		(X3) DATE SURVEY COMPLETED 01/26/2023
NAME OF PROVIDER OR SUPPLIER MOUNTAINSIDE SKILLED NURSING AND REHAB			STREET ADDRESS, CITY, STATE, ZIP CODE 1180 ROUTE 22 WEST MOUNTAINSIDE, NJ 07092		
(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	
E 000	Initial Comments	E 000			
K 000	<p>The facility was in substantial compliance with 42 CFR 483.73 Appendix Z-Emergency Preparedness requirements for Long Term Care (LTC) facilities.</p> <p>INITIAL COMMENTS</p> <p>A Life Safety Code Survey was conducted by the New Jersey Department of Health, Health Facility Survey and Field Operations on 01/25/2023 to 01/26/2023, and Promedica Skilled Nursing and Rehab was found to be in compliance with the requirements for participation in Medicare/Medicaid at 42 CFR 483.90(a), Life Safety from Fire, and the 2012 Edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19 EXISTING Health Care Occupancies.</p>	K 000			

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

TITLE

(X6) DATE

Electronically Signed

02/17/2023

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.