

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

PRINTED: 03/15/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315462	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 08/16/2021
NAME OF PROVIDER OR SUPPLIER TALLWOODS CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 18 BUTLER BOULEVARD BAYVILLE, NJ 08721		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	D PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 000	INITIAL COMMENTS COMPLAINT # NJ 146619 CENSUS: 136 SAMPLE SIZE: 3 THE FACILITY IS NOT IN SUBSTANTIAL COMPLIANCE WITH THE REQUIREMENTS OF 42 CFR PART 483, SUBPART B, FOR LONG TERM CARE FACILITIES BASED ON THIS COMPLAINT VISIT.	F 000			
F 842 SS=D	Resident Records - Identifiable Information CFR(s): 483.20(f)(5), 483.70(i)(1)-(5) §483.20(f)(5) Resident-identifiable information. (i) A facility may not release information that is resident-identifiable to the public. (ii) The facility may release information that is resident-identifiable to an agent only in accordance with a contract under which the agent agrees not to use or disclose the information except to the extent the facility itself is permitted to do so. §483.70(i) Medical records. §483.70(i)(1) In accordance with accepted professional standards and practices, the facility must maintain medical records on each resident that are- (i) Complete; (ii) Accurately documented; (iii) Readily accessible; and (iv) Systematically organized	F 842		9/9/21	

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

TITLE

(X6) DATE

Electronically Signed

08/30/2021

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 842	<p>Continued From page 1</p> <p>§483.70(i)(2) The facility must keep confidential all information contained in the resident's records, regardless of the form or storage method of the records, except when release is-</p> <ul style="list-style-type: none"> (i) To the individual, or their resident representative where permitted by applicable law; (ii) Required by Law; (iii) For treatment, payment, or health care operations, as permitted by and in compliance with 45 CFR 164.506; (iv) For public health activities, reporting of abuse, neglect, or domestic violence, health oversight activities, judicial and administrative proceedings, law enforcement purposes, organ donation purposes, research purposes, or to coroners, medical examiners, funeral directors, and to avert a serious threat to health or safety as permitted by and in compliance with 45 CFR 164.512. <p>§483.70(i)(3) The facility must safeguard medical record information against loss, destruction, or unauthorized use.</p> <p>§483.70(i)(4) Medical records must be retained for-</p> <ul style="list-style-type: none"> (i) The period of time required by State law; or (ii) Five years from the date of discharge when there is no requirement in State law; or (iii) For a minor, 3 years after a resident reaches legal age under State law. <p>§483.70(i)(5) The medical record must contain-</p> <ul style="list-style-type: none"> (i) Sufficient information to identify the resident; (ii) A record of the resident's assessments; (iii) The comprehensive plan of care and services provided; (iv) The results of any preadmission screening and resident review evaluations and 	F 842			

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F 842	<p>Continued From page 2</p> <p>determinations conducted by the State; (v) Physician's, nurse's, and other licensed professional's progress notes; and (vi) Laboratory, radiology and other diagnostic services reports as required under §483.50. This REQUIREMENT is not met as evidenced by: COMPLAINT # NJ 146619</p> <p>Based on interviews, review of Medical Records (MR), and other pertinent facility documentation on 8/16/2021, it was determined that the facility staff failed to maintain a complete and accurate MR for documentation of a resident's treatments on the Treatment Administration Record (TAR), to show that the tasks were completed for ^{NJ Exec. Order 26:4.b.1} [REDACTED] was maintained for 1 of 3 residents (Resident #3) sampled. The facility also failed to follow the Facility Policy titled "Charting and Documentation," This deficient practice was evidenced by the following:</p> <p>1. According to the Admission Record (AR), Resident #3 was admitted to the facility on ^{NJ Exec. Order 26:4.b.1} [REDACTED], and discharged on ^{NJ Exec. Order 26:4.b.1} [REDACTED], with diagnoses which included but were not limited to: ^{NJ Exec. Order 26:4.b.1} [REDACTED]</p>	F 842	<p>F842:</p> <ol style="list-style-type: none"> Resident #3 did not have any negative effect from treatment not signed on 7/2/2021 and 7/3/2021. When nurse responsible for those days treatment was interviewed she said that she did the treatment but forgot to sign. No other residents were negatively effected. All residents treatment orders on their TARS were reviewed for any missed signatures and no blanks were found. Staff Educator re-in serviced all nurses on facility policy on documentation and signing of all treatments administration records after treatments are done. Effective date 8/25/2021 and completed 8/31/2021 Unit managers will audit all residents <input type="checkbox"/> Treatment administration records weekly for 4 weeks and monthly for 4 months. They will report their findings to Director of Nursing. Director of Nursing will share information with QA committee at quarterly QA meetings. 		

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F 842	<p>Continued From page 3</p> <p>According to the Minimum Data Set (MDS), an assessment tool dated 7/6/2021, Resident #3 had a NJ Exec. Order 26:4.b.1 [REDACTED] indicating Resident #3 had NJ Exec. Order 26:4.b.1 [REDACTED]. The MDS also showed the resident NJ Exec. Order 26:4.b.1 [REDACTED].</p> <p>Review of the TAR dated 7/1/2021 - 7/31/2021, showed no documented evidence of the person who was responsible to provide the treatments for the week of 7/1/2021 to 7/6/2021, as follows:</p> <ol style="list-style-type: none"> 1. NJ Exec. Order 26:4.b.1 [REDACTED] on 7/2/2021 and 7/3/2021 was blank. 2. NJ Exec. Order 26:4.b.1 [REDACTED] on 7/3/2021 was blank. 3. NJ Exec. Order 26:4.b.1 [REDACTED] on 7/3/2021, day shift was blank. 4. NJ Exec. Order 26:4.b.1 [REDACTED] on 7/3/2021, day shift was blank. 5. NJ Exec. Order 26:4.b.1 [REDACTED] on 7/3/2021, day shift was blank. 6. NJ Exec. Order 26:4.b.1 [REDACTED] on 7/3/2021, day shift was blank. <p>Review of the Resident's Care Plan, and Progress Notes failed to provide documented</p>	F 842		

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F 842	Continued From page 4 evidence as to why the aforementioned dates and shifts on the TAR were blank. During an interview on 8/16/2021 at 1:00 p.m., the Assistant Director of Nursing (ADON) agreed that the staff failed to sign Resident #3's TAR. Review of the Facility Policy titled "Charting and Documentation," undated, revealed the following under "Purpose:" The purpose of charting and documentation is to provide a complete account of the resident's care, treatment, response to the care, signs, symptoms, etc.... Under "Treatments:" Documentation pertaining to treatments should include: Name of the person administering the treatment. N.J.A.C. 8:39-35.2(d) 9	F 842			

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 315462	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	Y2	DATE OF REVISIT 9/9/2021	Y3
NAME OF FACILITY TALLWOODS CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 18 BUTLER BOULEVARD BAYVILLE, NJ 08721		

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 F0842	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # 483.20(f)(5), 483.70(i)(1)-(5)	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____	09/09/2021	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 <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 8/16/2021	<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
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