

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

PRINTED: 08/18/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315468	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 06/09/2020
NAME OF PROVIDER OR SUPPLIER CARE ONE AT MORRIS			STREET ADDRESS, CITY, STATE, ZIP CODE 100 MAZDABROOK ROAD PARSIPPANY TROY HILL, NJ 07054		
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F 000	INITIAL COMMENTS C#: NJ: 136764 CENSUS: 97 SAMPLE SIZE: 4	F 000			
F 658 SS=D	Services Provided Meet Professional Standards CFR(s): 483.21(b)(3)(i) §483.21(b)(3) Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (i) Meet professional standards of quality. This REQUIREMENT is not met as evidenced by: C#: NJ: 136764 Based on interviews, and record review, as well as review of pertinent facility documents on 6/10/20, it was determined that the facility failed: 1) to administer medications and timely according to physician's order and facility's policy for 1 of 4 residents (Resident #2) reviewed for physician's orders and 2) to document that Activities of Daily Living (ADLs) were performed for 3 of 4 Residents (Resident #1, #2, and #3) reviewed for ADLs. This deficient practice is evidenced by the following: 1. According to the "Admission Record (AR)" Resident #2 was admitted to the facility on [REDACTED], with diagnoses that included but were not limited to: [REDACTED].	F 658	What corrective action(s) will be accomplished for those residents affected by the deficient practice? #1 1.) Resident #2 had no negative outcome. Physician notified regarding the documented timing of medication delivery for resident #2. No new orders. Medications will be administered timely with corresponding completed, accurate, timely documentation. 2.) Resident #1, #2 and #3 had no ill effects. ADL documentation will be timely, accurate, and complete. How will you identify those residents having the potential to be affected by the same deficient practice and what corrective action will be taken? #2 Residents with medications documented	7/27/20	

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

TITLE

(X6) DATE

Electronically Signed

07/17/2020

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 658	<p>Continued From page 1</p> <p>The Minimum Data Set (MDS) an assessment tool dated [REDACTED], Resident #2 was [REDACTED] and required extensive assistance of one (1) staff with Activities of Daily Living (ADL).</p> <p>The "Order Summary Report (OSR)" dated 6/9/2020 showed the following orders:</p> <p>On 4/7/2020 showed an order for [REDACTED] score every shift for pain.</p> <p>On 4/7/2020 showed an order for [REDACTED] [REDACTED] [REDACTED]</p> <p>On 4/9/2020 showed an order for [REDACTED] [REDACTED] [REDACTED].</p> <p>The "MEDICATION ADMINISTRATION RECORD (MAR)" form for the month of 4/2020 showed the aforementioned orders. The MAR further showed the following:</p> <p>Pain score every shift to be monitored 7:00 am to 3:00 pm, 3:00 pm to 11:00 pm, and 11:00 pm to 7:00 am. There was no documentation on the MAR to indicate that the aforementioned order was provided on 4/8/2020 during 11:00 pm to 7:00 am and 4/22/2020 during 7:00 am to 3:11 pm.</p> <p>[REDACTED] capsule to administer at 6:00 am. There was no documentation on the MAR to indicate that the aforementioned medication was administered on the specified date and time.</p>	F 658	<p>as delivered untimely had the potential to be affected.</p> <p>Resident records will be reviewed for documentation and physicians notified as appropriate.</p> <p>Residents without documented ADL care have the potential to be affected.</p> <p>Residents records will be reviewed for complete, accurate, timely ADL documentation and assessed accordingly.</p> <p>What measures will be put into place or what systemic changes you will make to ensure the deficient practice will not recur? #3</p> <p>1.) DON or designee will in-service licensed personnel regarding timely administration of medications and documentation in the medication administration record.</p> <p>1.) DON or designee will in-service certified nursing assistants regarding timely documentation of the point of care system.</p> <p>How the corrective actions will be monitored to ensure the deficient practice will not recur?(ie. what quality assurance program will be put into place?) #4</p> <p>1.) DON or designee will audit 10 medication administration records once weekly every week for four weeks and then every month x3 months to ensure</p>		

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F 658	Continued From page 2 [REDACTED] was scheduled to be administered at 9:00 am and 9:00 pm. However, the Location of Administration Report (LAR) showed the following: On 4/15/2020 was administered at 2:05 pm instead of 9:00 am which was not according to the scheduled time on the MAR. On 4/19/2020 was administered at 11:55 pm instead of 9:00 pm which was not according to the scheduled time on the MAR. On 4/20/2020 was administered at 11:17 am instead of 9:00 am which was not according to the scheduled time on the MAR. On 4/22/2020 was administered at 1:38 pm instead of 9:00 am which was not according to the scheduled time on the MAR. On 4/25/2020 was administered at 10:56 am instead of 9:00 am which was not according to the scheduled time on the MAR. The "Progress Notes (PN)" for the month of 4/2020 showed that there was no documentation to indicate why the aforementioned medications were not administered an hour before and an hour after as indicated on the facility's policy. The "Documentation Survey Report v 2 (Version 2) (DSR)" dated 4/2019 showed that it was not documented that Resident #2 was assisted with bed mobility, bowel movement and continence care, dressing, turn and repositioning, hygiene, and eating on the following shift. The DSR dated 4/2020 showed the aforementioned ADLs. The DSR further showed that it was not documented that the aforementioned ADLs were documented on the following dates and shifts: On 4/8/20 and 4/18/20 during 11:00 pm to 7:00 am shift, on 4/8/2020,	F 658	that medications are delivered timely and documentation is complete, accurate and timely. Results of audits will be forwarded to the QA committee monthly for three months. 1.) DON or designee will audit 10 residents point of care records once weekly every week for four weeks and then every month x3 months to ensure that ADL care is documented timely and documentation is complete and accurate. Results of audits will be forwarded to the QA committee monthly for three months. Time Frame 7/27/20 7/27/20		

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F 658	<p>Continued From page 3</p> <p>4/9/2020, 4/11/20 to 4/17/20, 4/19/20 to 4/23/20, and 4/25/20 during 3:00 pm to 11:00 pm shift, and on 4/8/20 to 4/23/20 during 7:00 am to 3:00 pm shift.</p> <p>The PN for the month of 4/2020 showed that there was no documentation to indicate that the ADLs were performed to Resident #2 on the aforementioned dates and shifts.</p> <p>2. According to the AR, Resident #1 was admitted to the facility on [REDACTED], with diagnosis that included but was not limited to: [REDACTED]</p> <p>According to the Resident Evaluation with COVID-19 Screen - V5 (Version 5) (RECS), an admission assessment tool, dated [REDACTED] Resident #1's [REDACTED].</p> <p>The Care Plan (CP) initiated on 6/3/2020, showed that Resident #1 had ADL self care deficit related to physical limitations. Interventions included but were limited to: Assist with daily hygiene, grooming, dressing, oral care as needed.</p> <p>The DSR dated 6/2020 showed that it was not documented that Resident #1 was assisted with bed mobility, bladder continence and toilet use, bowel movement and continence and toilet use, dressing, hygiene, turn and repositioning, and eating on the following shift.</p> <p>The DSR dated 6/2020 showed the aforementioned ADLs. The DSR further showed that it was not documented that the aforementioned ADLs were documented on the following dates and shifts: 6/2/20 and 6/6/20</p>	F 658			

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F 658	<p>Continued From page 4</p> <p>during 11:00 pm to 7:00 am shift, on 6/2/20 and 6/5/20 during 3:00 pm to 11:00 pm shift, and on 6/3/20, 6/4/20, 6/6/20, and 6/7/20 during 7:00am to 3:00 pm shift.</p> <p>The PNs for the month of 6/2020 showed that there was no documentation to indicate that the ADLs were performed for Resident #1 on the aforementioned dates and shifts.</p> <p>3. According to the AR, Resident #3 was admitted to the facility on [REDACTED], with diagnoses that included but were not limited to [REDACTED].</p> <p>According to the RECS, an admission assessment tool, dated [REDACTED], Resident #3's [REDACTED].</p> <p>The CP initiated on 6/2/2020, showed that Resident #3 had ADL self care deficit related to physical limitations. "Interventions included but were limited to: Assist with daily hygiene, grooming, dressing, oral care, and eating as needed."</p> <p>The DSR dated 6/2020 showed that it was not documented that Resident #3 was assisted with bed mobility, bladder continence and toilet use, bowel movement and continence and toilet use, dressing, hygiene, turn and repositioning, and eating on the following shifts:</p> <p>The DSR dated 6/2020 showed the aforementioned ADLs. The DSR further showed that the aforementioned ADLS were not documented on the following dates and shifts: On</p>	F 658			

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F 658	<p>Continued From page 5</p> <p>6/3/20 to 6/8/20 during 11:00 pm to 7:00 am shift, on 6/3/20, 6/5/20, 6/7/20 and 6/8/20 during 3:00 pm to 11:00 pm shift, and on 6/3/20, 6/6/20, and 6/7/20 during 7:00am to 3:00 pm shift.</p> <p>The PNs for the month of 6/2020 showed that there was no documentation to indicate that the ADLs were performed for Resident #3 on the aforementioned dates and shifts.</p> <p>The surveyor conducted an interview with Certified Nurse Assistance (CNA) on 6/9/20 at 10:27 am. The CNA stated that CNAs have to document on Resident care and ADLs every shift on the facility's computers.</p> <p>The surveyor conducted an interview with Director of Nursing (DON) on 6/9/20 at 1:04 pm. The DON stated that CNA must document when the medications were administered and ADLs provided (such as but were not limited to: toileting, bed mobility, turning and repositioning, assistance with meals) every shift on the computer. She further stated that if the ADL task was not documented or signed, it did not happen or was not provided to the residents.</p> <p>The Job Description titled, "Certified Nursing Assistant" dated 2003, under "Duties and Responsibilities ...Record all entries on flow sheets, notes, charts, etc., in an informative and descriptive manner ..."</p> <p>The facility's policy titled "Administering Medications" revised 4/2018 and edited on 5/21/19, showed that: under "Policy Statement Medication are administered in a safe and timely manner, and as prescribed ...#7 Medications are administered within one (1) hour of their</p>	F 658			

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F 658	Continued From page 6 prescribed time, unless otherwise specified ..." The facility's policy titled "Charting and Documentation" revised 7/2017 and edited on 2/27/2018, showed that under "Policy Statement All services provided to the resident, progress toward the care plan goals, or any changes in the resident's medical, physical, functional or psychosocial, shall be documented in the resident's medical record. The medical record should facilitate communication between the interdisciplinary team regarding the resident's condition and response to care." Same policy under "Policy Interpretation and Implementation 1. Documentation in the medical record may be electronic, manual or a combination ..." NJAC 8:39-11.2(b) NJAC 8:39-27.1(a)	F 658			