

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

PRINTED: 03/26/2020  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>315528</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b>  <b>08/15/2019</b>
NAME OF PROVIDER OR SUPPLIER  <b>JEWISH HOME FOR REHABILITATION AND NURSING</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1151 WEST MAIN STREET FREEHOLD, NJ 07728</b>		
(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  Complaint #: NJ 122923, NJ 123106  Census: 45  Sample Size: 3	F 000			
F 689 SS=G	Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2)  §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and  §483.25(d)(2) Each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Complaint #: NJ 122923, NJ 123106  Based on interviews, review of Medical Records (MR), and review of other pertinent facility documents on 8/15/19, it was determined that the facility staff failed to consistently implement identified Care Plan (CP) interventions to prevent falls, as well as provide adequate staffing and use of a Hoyer Lift (mechanical transfer) during a transfer from a wheel chair to the resident's bed. The facility staff also failed to follow the Facility's Policies titled, "Mechanical Lift Use and "Care Plans - Comprehensive" for 1 of 3 sampled residents (Resident #2), when on 2/19/19, Resident #2 was improperly transferred from the wheel chair to the bed, via assistance of one staff member, which resulted in a fall and [REDACTED]	F 689			

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

TITLE

(X6) DATE

09/10/2019


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 689	<p>Continued From page 1</p> <p>the facility. This deficient practice was evidenced by the following:</p> <p>According to Resident #2's, "Admission Record", the resident was originally admitted to the facility on [REDACTED], with diagnoses which included but were not limited: [REDACTED].</p> <p>According to the Minimum Data Set (MDS), an assessment tool dated [REDACTED], Resident #2 had a Brief Interview for Mental Status (BIMS) score of [REDACTED]. The MDS also indicated that this resident required extensive 2 person assist for transfers, and extensive assistance for Activities of Daily Living (ADL's).</p> <p>Review of Resident #2's "Care Plan" (CP), under "Focus" Date Initiated: 2/7/19 indicated the resident to have an ADL self-care performance deficit r/t [REDACTED]. Under "Interventions" TOILET USE: The resident requires assistance by 2 staff for toileting, Incontinent care by staff, uses adult incontinence pad. TRANSFER: The resident is totally dependent on 3 or 4 staff for transferring and will be transferred using mechanical lifter into a recliner. Family request to keep patient in bed for comfort measures and pain management.</p> <p>Review of the "Occupational Therapy" "OT Evaluation &amp; Plan of Treatment" dated 1/25/19 indicated under title "Functional Skills Assessment - Mobility During ADL's" Transfers = TD (Totally Dependent) and AD (Assistive Device) Used During Bed Mob/Transfers: hoyer lift.</p>	F 689			

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F 689	Continued From page 2  Review of the Facility's "Incident Investigative Form" dated 2/19/19, indicated under number 10. What was Resident doing just prior to the incident. "sitting in his/her w/c, assisted to the floor during transfer to bed." In addition, under Comments: revealed the following: "Resisting transfer from w/c to bed holding onto the w/c, CNA assisted resident to the bed." Under Actions Taken revealed the following: "Other: 2 person assist with transfers."  Further review of the Resident #2's Incident Investigative Form dated 2/19/19, under "Incident Investigation", revealed that Certified Nursing Assistant (CNA) stated "while transferring "Resident #2" from the wheelchair to the bed, "Resident #2" held on the armrest of the wheelchair, in the midst of the transfer, and wouldn't let go. "Resident #2" was lowered on the floor as "Resident #2" was in halfway to the bed and wheelchair". in addition under 14. - D revealed "The facility has substantiated that the CNA did not follow the Careplan by the CNA's admission that she transferred resident by herself while aware of the 2 person assist status in the Careplan."  Review of the Progress Notes (PN) dated 2/19/19 at 10:34 p.m., indicated that the nurse was called in to the resident room by the assigned aide, and upon entering found resident on the floor in sitting position next to the wheel chair. The resident was assessed by the RN on duty and assist to bed with 3 assist.  Review of [REDACTED] results taken at the facility dated [REDACTED] at 2:24 p.m. on [REDACTED] " On a follow-up [REDACTED]	F 689			

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F 689	<p>Continued From page 3</p> <p>taken at the facility on 2/22/19 at 5:46 p.m. on</p> <p></p> <p>During an interview with the Certified Nursing Assistant (CNA # 2) on 8/15/19 at 11:30 a.m., CNA #2 stated she receives on report from the nurse the transfer status of a resident, if the resident is a one or two person assist. CNA #2 also stated that a Hoyer lift (mechanical lift) transfer is always 2 people. One person is needed to hold the resident and the other person is needed to operate the lift.</p> <p>During an interview with the Registered Nurse (RN #1) on 8/15/19 at 3:45 p.m., RN #1 stated a hoyer transfer is always 2 people and that she ensures safe transfer by doing rounds and visually observing staff using the hoyer and offering assistance if needed.</p> <p>During an interview with the Administrator on 8/15/19 at 1:35 p.m., Administrator stated that he interviewed CNA #1 who cared for Resident #2 and he/she admitted to him that he/she did not follow the Care Plan on transferring Resident #2.</p> <p>Review of the Facility Policy titled "Care Plans - Comprehensive" dated August 1, 2018 under "Policy Statement" An individualized comprehensive care plan that includes measurable objectives and timetables to meet the resident's medical, nursing, mental and psychological needs is developed for each resident. Under Policy Interpretation and Implementation 2. The comprehensive care plan is based on thorough assessment that includes,</p>	F 689			

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F 689	Continued From page 4 but is not limited to, the MDS.  Review of the Facility Policy titled "Mechanical Lift Use" dated August 1, 2018 under "Purpose" The purpose of this procedure is to establish the general principles of safe lifting using a mechanical lifting device. Under "General Guidelines" 1. At least two (2) nursing assistants/licensed nurses are to needed to safely move a resident with a mechanical lift.  NJAC 8:39-27.1 (a)	F 689		