STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315104	A. BUILDING _____ B. WING _____	**08/14/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
CORNELL HALL CARE & REHABILITATION CENTER	**234 CHESTNUT STREET UNION, NJ 07083**

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)
F 0580 **Level of harm** - Minimal harm or potential for actual harm **Residents Affected** - Few	**Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Complaint #NJ 786 Based on observation, interview and record review, it was determined that the facility failed to ensure that the responsible party was notified of a change in condition with regards to a pressure ulcer in the sacral area that worsened and a new skin opening on the right elbow, in accordance with the facility's policy. This deficient practice was identified for Resident #2, 1 of 1 resident reviewed and was evidenced by the following: On 8/14/2020 at 8:36 AM, the surveyor observed residents in the(NAME)Wing attended by staff promptly. The(NAME)Wing was observed to be clean with no foul odor. On 8/14/20 at 8:45 AM, the Certified Nursing Assistant (CNA) informed the surveyor that she remembered taking care of Resident #2 two days before the resident was transferred to the hospital but was unable to remember if the resident had a wound because it was a long time ago. On 8/14/2020 at 8:52 AM, the Licensed Practical Nurse#1 (LPN#1) informed the surveyor that she was the nurse for Resident #2. The LPN stated that the resident had only one stage two pressure ulcer very tiny wound on the sacrum and was not sure if it developed in the facility. She further stated that the resident like other residents in the facility had a preventative barrier cream, was on a turning and repositioning schedule, and received incontinence care. When the surveyor questioned the LPN about notification of the responsible party concerning development of or change in a pressure ulcer she told the surveyor that the nurse who identifies a new or worsened wound should notify the responsible party. On that same day at 9:30 AM, the Director of Nursing (DON) informed the surveyor that the facility provides incontinence care, preventative cream, turning and repositioning to all incontinent residents according to facility protocol. The DON stated that a resident who developed new wounds of any kind would be assessed by a nurse and the care plan would be updated. She further stated that it was facility policy that the nurse who identified a new or worsened wound would also be responsible for notifying the responsible party. A review of the resident's Face Sheet (an admission summary), indicated that the resident had [DIAGNOSES REDACTED]. A review of the 6/10/2020 Significant Change Minimum Data Set (MDS), an assessment tool used to facilitate the management of care, indicated a brief interview for mental status (BIMS) score of 6 which reflected that the resident had severely impaired cognition. The MDS revealed that the resident had a facility acquired stage three pressure ulcer. Also, the MDS indicated that the resident had a pressure reducing device for chair and bed, nutrition and hydration interventions to aid in healing, pressure ulcer care, and application of ointments. A review of the 5/6/2020 Skin Only Evaluation (SOE). Documentation by LPN #2 revealed that the resident was assessed as having a stage two pressure ulcer in the sacrum measuring 1.5 centimeters (cm) width and 0.5 cm depth. This was the initial assessment of the sacral wound. Further review of the SOE dated 5/28/2020 reveled documentation by a Licensed Practical Nurse/Unit Manager (LPN/UM) that the sacral wound progressed to a stage three pressure ulcer which measured 4.0 cm width, 0.5 cm depth and 0.1 wound bed. A review of the 6/18/2020 Health Status Note written by the LPN/UM revealed that the responsible party called the facility on 6/18/20 to report she observed a wound on the resident's right elbow when she accompanied the resident out for an appointment. The responsible party also stated that they were not notified of the new wound on the right elbow. There was no documentation in the medical record that the responsible party was made aware of the change in a condition of the sacral wound which had developed to a stage three pressure ulcer on 5/28/2020, and there was a new wound to the right elbow. On 8/14/2020 at 12:15 PM, the DON informed the surveyor that there was no documentation that the responsible party of Resident #2 was notified of the worsened stage three pressure ulcer to the sacrum and the new right elbow wound. On 8/14/2020 at 2:20 PM, the surveyor was unable to reach the LPN/UM for an interview. A review of the Notification of Changes Policy with a revised date on 11/2017 provided by the DON reflected that the facility must inform the resident, consult with the resident's physician, and/or notify the resident's family member or legal representative when there is a change requiring such notification. NJAC 8:39-13.1 (d)
F 0812 **Level of harm** - Minimal harm or potential for actual harm **Residents Affected** - Few	**Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.** C#NJ 980 Based on observation, interview and record review, it was determined that the facility failed to serve meals in a manner that was palatable to residents. This deficient practice was identified and confirmed with test tray temperatures, as evidenced by the following: On 8/14/20 during the entrance conference, the team coordinator requested Resident Council minutes from the month of June 2020. Review of the June 2020 Resident council minutes dated 6/25/20 revealed that three residents were interviewed. Under Current Situation/Concern for dietary revealed the following: -Soups are 'deplorable.' - Food is not served hot. - Beverages like soda, juice or milk are given warm temperature. On 8/14/20 at 12:03 PM, the surveyor observed food truck #1 arrive to the high side of the(NAME)unit. The surveyor observed that the food trucks utilized to deliver food trays on the units were open trucks. On 8/14/20 at 12:11 PM, on the high side of the(NAME)unit the surveyor, in the presence of a Licensed Practical Nurse (LPN), took the following temperatures of a regular diet lunch tray: Crispy Fried Fish with sesame ginger sauce: 135.6 degrees Fahrenheit (F). Sauteed cabbage: 135.5 degrees F. White rice: 136.9 degrees F. Fruit cocktail: 62.4 degrees F. Black coffee: 130.3 degrees F. Reduced fat milk: 57.6 degrees F. On 8/14/20 at 12:30 PM, the surveyor interviewed the Food Service Director (FSD) who stated he took lunch tray line temps in the kitchen and there were no issues with temperatures off the the tray line. The surveyor requested copies of the tray line temperatures. The FSD further stated that the holding temperature for the fish should be 135 degrees. At that same time the surveyor questioned the FSD regarding the milk and fruit cocktail temperatures. The FSD stated, I place the milk in the freezer in the morning then on ice. I don't know why those temperatures came in at 57.6 and 62.4 degrees. The FSD confirmed the temperatures were to warm and should be below 41 degrees. Review of the 8/14/20 tray line temperatures for the lunch meal provided by the FSD revealed the following temperatures: Entree- main: 185 degrees F. Milk: 31 degrees F Hot beverage: 189 degrees F dessert: 36 degrees F On 8/14/20, the FSD provided the surveyor with a Cold Food Policy revised 6/3/13. The policy revealed that food will be delivered to resident at a temperature of 41 degrees Fahrenheit or lower. On 8/14/20 at 3:10 PM, the surveyor meet with the administrator, Director of Nursing and the Assistant Director of Nursing regarding the above observations and concerns. NJAC 8:39-17.4(e)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE