

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 315147	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/08/2020
NAME OF PROVIDER OF SUPPLIER NEW GROVE MANOR		STREET ADDRESS, CITY, STATE, ZIP 101 NORTH GROVE STREET EAST ORANGE, NJ 07017	
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 F 0658	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
<p>Level of harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** . C#: NJ 658 Based on interviews, and record review, as well as review of pertinent facility documents on 6/8/20, it was determined that the facility failed to document to indicate that wound treatment was administered for 1 of 4 residents (Resident #1) reviewed for wound treatment administration. This deficient practice is evidenced by the following: 1. According to the ADMISSION RECORD (AR) form, Resident #1 was admitted to the facility on [DATE], with [DIAGNOSES REDACTED]. According to the Minimum Data Set (MDS), an assessment tool, dated 2/12/20, Resident #1 had no cognitive impairment and required extensive assistance from staff with Activities of Daily Living (ADL). The Care Plan (CP) initiated on 2/5/20 and revised on 2/6/20 showed that the Resident had an actual skin impairment of the left heel and left lateral malleolus related to fragile skin. Intervention included but was not limited to: follow the facility protocols for treatment of [REDACTED]. #1's left malleolus (lateral side of the leg at the ankle). There was a moderate amount of dried red color stain on the wound dressing. Resident #1 stated that the wound dressing on the aforementioned site had to be changed everyday. The Resident further stated that some nurses would not change the dressing everyday. The physician's orders [REDACTED]. The Treatment Administration Record (TAR) for 5/2020, dated 5/8/20, showed the aforementioned order to be done everyday on 7:00 am - 3:00 pm shift. The TAR further showed that it was not documented to indicate that the wound treatment was administered to the Resident on 5/21/20, 5/30/20 and 5/31/20. Resident #1's Progress Notes (PN) for 5/2020 showed that there was no documentation to indicate that the wound treatment was administered to the Resident on the aforementioned dates and time. The surveyor conducted an interview with the Licensed Practical Nurse (LPN #1, float nurse) on 6/8/20 at 10:20 am. LPN #1 stated that no documentation on the TAR meant that the treatment was not done. She stated that Resident #1 never refused wound treatments. The surveyor conducted an interview with the Assistant Director of Nursing (ADON) on 6/8/20 at 1:16 pm. The ADON revealed that the aforementioned treatment for [REDACTED]. She further revealed that if the TAR was not signed, that would mean the treatment was not administered. The facility's undated R.N./L.P.N. (Registered Nurse/Licensed Practical Nurse) Job Description showed JOB SUMMARY: Registered Nurse/Licensed Practical Nurse employed to plan, supervise, and to ensure quality care .RESPONSIBILITIES AND DUTIES: 13. Responsible for proper and accurate documentation and maintenance of clinical records . The facility's policy titled DOCUMENTATION OF MEDICATION/TREATMENT ADMINISTRATION, reviewed and revised on 7/2019 showed that: Policy Statement The facility shall maintain a Medication Administration Record [REDACTED]</p>		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE	

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.