STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315248	A. BUILDING _____ B. WING _____	03/13/2020

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
ANDOVER SUBACUTE AND REHAB II	**99 MULFORD ROAD ANDOVER, NJ 07821**

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 0658 **Level of harm -** Minimal harm or potential for actual harm **Residents Affected -** Some	**Ensure services provided by the nursing facility meet professional standards of quality.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** C#: [ST] 560 [ST] 624 Based on interviews, and record review, as well as review of pertinent facility documents on 3/12/20 and 3/13/20, it was determined that the facility failed to consistently document for behavioral symptoms for Residents on Antipsychotic medications for 3 of 4 Residents (Residents #1, #2 and #3) reviewed for behavioral symptoms. These deficient practices are evidenced by the following: 1. According to the Admission Record (AR) form, Resident #2 was admitted to the facility with [DIAGNOSES REDACTED]. According to the Minimum Data Set (MDS), an assessment tool, dated 12/23/19, showed that Resident #2 was severely cognitively impaired and required extensive assistance from staff with Activities of Daily Living (ADL). The Care Plan (CP) initiated on 10/3/19 showed that Resident #2 had been on Antipsychotic medication for [MEDICAL CONDITION] Disorder. The intervention included but was not limited to: monitor the Resident's behavior for any escalation. The physician's orders [REDACTED].#2 had an order for [REDACTED]. The Resident's Routine Medication (RM) form for 12/2019 and 3/2020 showed the administration of the aforementioned medication. The GlobalRxPh (Registered Pharmacist) The Clinician's Ultimate Reference (GTCUR) dated [DATE] showed that [MED] was an Antipsychotic medication. The BEHAVIOR MONITORING FORM (BMF) dated 12/2019 for Resident #2 showed that there was no documentation to indicate that the Resident was monitored for physically and verbally aggressive and territorial behavioral symptoms on 12/22/19, 12/23/19, 12/2[DATE]9, 12/26/19, [DATE], 12/28/19, 12/29/19 and 12/31/19 during the evening (3:00 pm to 11:00 pm) shift, on 12/26/19, [DATE], 12/28/19, 12/29/19 and 12/31/19 during the day (7:00 am to 3:00 pm) shift and on 12/26/19, [DATE], 12/28/19 and 12/31/19 during the night (11:00 pm and 7:00 am) shift. The BMF for Resident #2 for 3/2020 showed that it was not documented on the form to indicate that the Resident was monitored for the aforementioned behavioral symptoms on 3/2/20 during the day shift, on 3/2/20, 3/6/20, 3/9/30, [DATE] and 3/11/20 during the evening shift and on 3/11/20 during the night shift. Resident #2's Progress Notes (PN) and INTERDISCIPLINARY PROGRESS NOTES (IPN) dated 12/2019 and 3/2020 showed that there was no documentation that the Resident was monitored for the aforementioned behavioral symptoms on the aforementioned dates and shifts. 2. According to the AR form, Resident #1 was admitted to the facility with [DIAGNOSES REDACTED]. According to the MDS, dated [DATE], showed that Resident #1 was severely cognitively impaired and required extensive assistance from staff with ADL. The CP initiated on 11/7/19 and revised on 1/20/20 showed that the Resident was on [MEDICAL CONDITION] medications . The intervention included but was not limited to: monitor for the effectiveness of the medications every shift. The POF for 12/2019 showed that Resident #1 had an order dated 10/26/19 for [MED] 5 mg tablet by mouth once daily for [MEDICAL CONDITION] and [MED] 25 mg tablet by mouth at bedtime for [MEDICAL CONDITION]. The RM form for 12/2019 showed an administration of the aforementioned medications. The GTCUR form dated [DATE] showed that the [MED] was an Antipsychotic medication. The BMF for Resident #1 for 12/2019 showed that there was no documentation to indicate that the Resident was monitored for grabbing and touching at people, wandering and yelling outburst behavioral symptoms on 12/20/19, 12/21/19, 12/22/19 and 12/25/19 during the day, evening and the night shifts. Resident #1's PN and IPN dated 12/2019 showed that there was no documentation that the Resident was monitored for the aforementioned behavioral symptoms on the aforementioned dates and shifts. 3. According to the AR form, Resident #3 was admitted to the facility with [DIAGNOSES REDACTED]. According to the MDS, dated [DATE], showed that Resident #3 was moderately cognitively impaired and required limited assistance from staff with ADL. The CP initiated on 10/[DATE]9 showed that the Resident had been on [MEDICAL CONDITION] medication related to Disease Process. The intervention included but was not limited to: monitor for the side effects and effectiveness of the medication every shift. The POF for 12/2019 and 3/2020 showed that Resident #3 had an order dated 10/1/19 for [MEDICATION NAME] ([MEDICATION NAME]) 20 mg tablet by mouth twice a day for [MEDICAL CONDITION] and Aggression. The RM form for 12/2019 and 3/2020 showed an administration of the aforementioned medication. The GTCUR dated [DATE] showed that [MEDICATION NAME] was an Antipsychotic medication. The BMF for Resident #3 dated 3/2020 showed that there was no documentation to indicate that the Resident was monitored for agitation, aggression, and wandering behavioral symptoms on 3/2/20 during the day shift, on 3/2/20, 3/6/20, [DATE], [DATE] and 3/11/20 during the evening shift, and on 3/3/20, 3/4/20, 3/5/20 and 3/11/10 during the night shift. Resident #1's PN and IPN for 3/2020 showed that there was no documentation that the Resident was monitored for the aforementioned behaviors on the aforementioned dates and shifts. Furthermore, Resident #3's medical records showed that there was no BMF for the month of December 2019. The surveyor conducted an interview with Registered Nurse (RN #1, primary nurse for Residents #2 and #3 on 3/6/20 during the day shift) on 3/13/20 at 10:50 am. The RN stated that BMFs have to be signed every shift by the nurses. RN #1 further stated that if there was no signature, it meant that behavior monitoring was not done. Th surveyor conducted an interview with Director of Nursing (DON) on 3/13/20 at 10:37 am. The DON revealed that BMFs have to be signed every shift by the nurses. She further stated that if there was no signature, it meant that behavior monitoring was not done. The facility's JOB DESCRIPTION for Registered Nurse revised on 8/2014 showed that: .E. Documents Correctly.3. Records findings accurately and completely. The facility's policy titled BEHAVIOR MONITORING showed that: .It is the policy of (Facility) to assess and monitor the resident's behavioral symptoms and implement appropriate interventions before and after the resident begins taking psychotherapeutic medications.8. The behavior monitoring form will be completed every shift with/for those residents receiving [MEDICAL CONDITION] anti-anxiety, anti-depressants, anti-[MEDICAL CONDITION].b. Such data will be reviewed by Psychiatry to determine effectiveness and possible GDR (gradual dose reduction). [ST]AC 8:39-27.1(a)

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.