

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 315302	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/26/2020
NAME OF PROVIDER OF SUPPLIER ROLLING HILLS CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 16 CRATETOWN ROAD LEBANON, NJ 08833	
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 0700 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Try different approaches before using a bed rail. If a bed rail is needed, the facility must (1) assess a resident for safety risk; (2) review these risks and benefits with the resident/representative; (3) get informed consent; and (4) Correctly install and maintain the bed rail.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>COMPLAINT # 6 Based on observation, interviews, and review of the Medical Record (MR), and other pertinent facility documentation on 8/26/2020, it was determined that the facility staff failed to maintain bedrail safety for 1 of 5 sampled residents, (Resident #3) as well as follow their own Side Rail policy. This deficient practice is evidenced by the following: 1. According to the facility Admission Record, Resident #3 was admitted to the facility on [DATE], with [DIAGNOSES REDACTED]. According to the Minimum Data Set (MDS), an assessment tool dated 5/11/2020, Resident #3 had a Brief Interview for Mental Status (BIMS) score of 13/15, indicating that Resident #3 had intact cognition. The MDS also revealed that Resident #3 required extensive assistance for Activities of Daily Living (ADLs). Review of Resident #3's Care Plan (CP) with initiated date of 7/13/2020, and a revision date of 8/14/2020, revealed under Focus : resident is at risk for falls r/t (related to) changes in functional mobility; cognitive variations. 8/12/2020, unwitnessed fall from bed with skin tear to right scalp, right elbow, right 4th toe, sent to hospital ER (emergency room) for evaluation and returned. Interventions /Tasks included: 1:1 (one to one) temporary until scheduled discharge 8/14/2020. 8/12/2020 s/p (status [REDACTED]). Assist to participate in activities of choice. Escort/transport to activities as needed. There were no Interventions for Side Rail use. Review of an Incident report dated 8/12/2020 10:00 p.m., revealed under Incident Description the following: Writer and CNA (Certified Nursing Assistant) went in to pt. (patient) room and found pt holding on to the side rail, laying on the floor. Pt stated I was trying to get to the door and get out of here. Under Immediate Action Taken revealed Right side of head open area with moderate bleeding, right 4th toe opened with bleeding, and right elbow skin tear. Open areas cleaned with NSS (Normal Sterile Saline), [MEDICATION NAME] applied and covered with dry dressing. MD (Medical Doctor) made aware sent pt. to E.D. (Emergency Department) to r/o (rule out) fracture. 911 was called. During an interview on 8/26/2020 at 11:03 a.m., Registered Nurse #1 (RN#1) stated that we get consents for the Long Term Care siderail use during assessment, we educate the residents and family. There was no documentation provided that included education to Resident #3 or the family related to Siderail Safety, Risk versus benefits, or a siderail consent. During an interview on 8/26/2020 at 11:23 a.m., the Director of Nursing (DON) stated that the facility uses 1/4 siderails, we assess all residents, but do not get consents for 1/4 siderails, and that Resident #3 had 1/4 siderails. During an interview on 8/26/2020 at 12:46 p.m., the DON further stated that bed measurements are done only for 1/2 bedrails, and the facility does not use full siderails. There was no documentation found in the Medical Record of Resident #3 indicating that Maintenance had done an inspection to ensure correct installation, use and maintenance of bedrails, or measurements. Review of a facility policy titled Side Rail Policy dated January 2020, revealed the following under Procedure : 1. Assessment/observation of siderail use is determined upon admission and upon change of condition as needed to determine resident preference, appropriateness, and rationale. 2. Maintenance will inspect beds prior to admission to assure that half side rails do not present a risk of entrapment. 3. Maintenance will ensure correct installation, use and maintenance of bed rails. 6. Residents have the right to utilize side rails (as an enabler to promote independence, for support with sitting, balance and transfer). Potential risks vs (versus) benefits will be discussed with the resident/resident representative to provide information for their decision. NJAC 8:39 31.4 (c)</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.