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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 315468 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 06/09/2020 |
| NAME OF PROVIDER OF SUPPLIER CARE ONE AT MORRIS | | STREET ADDRESS, CITY, STATE, ZIP 100 MAZDABROOK ROAD PARSIPPANY TROY HILL, NJ 07054 | |
| 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 - Few | <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: 4 Based on interviews, and record review, as well as review of pertinent facility documents on 6/10/20, it was determined that the facility failed: 1) to administer medications and timely according to physician's orders [REDACTED].#2) reviewed for physician's orders [REDACTED].#1, #2, and #3) reviewed for ADLs. This deficient practice is evidenced by the following: 1. According to the Admission Record (AR) Resident #2 was admitted to the facility on [DATE], with [DIAGNOSES REDACTED]. The Minimum Data Set (MDS) an assessment tool dated 4/14/20, Resident #2 was cognitively intact and required extensive assistance of one (1) staff with Activities of Daily Living (ADL). The Order Summary Report (OSR) dated 6/9/2020 showed the following orders: On 4/7/2020 showed an order for [REDACTED]. The MAR further showed the following: Pain score every shift to be monitored 7:00 am to 3:00 pm, 3:00 pm to 11:00 pm, and 11:00 pm to 7:00 am. There was no documentation on the MAR indicated [REDACTED]. [MEDICATION NAME] 20 mg capsule to administer at 6:00 am. There was no documentation on the MAR indicated [REDACTED]. [MEDICATION NAME] Sodium [MEDICATION NAME] Solution was scheduled to be administered at 9:00 am and 9:00 pm. However, the Location of Administration Report (LAR) showed the following: On 4/15/2020 was administered at 2:05 pm instead of 9:00 am which was not according to the scheduled time on the MAR. On 4/19/2020 was administered at 11:55 pm instead of 9:00 pm which was not according to the scheduled time on the MAR. On 4/20/2020 was administered at 11:17 am instead of 9:00 am which was not according to the scheduled time on the MAR. On 4/22/2020 was administered at 1:38 pm instead of 9:00 am which was not according to the scheduled time on the MAR. On 4/25/2020 was administered at 10:56 am instead of 9:00 am which was not according to the scheduled time on the MAR. The Progress Notes (PN) for the month of 4/2020 showed that there was no documentation to indicate why the aforementioned medications were not administered an hour before and an hour after as indicated on the facility's policy. The Documentation Survey Report v 2 (Version 2) (DSR) dated 4/2019 showed that it was not documented that Resident #2 was assisted with bed mobility, bowel movement and continence care, dressing, turn and repositioning, hygiene, and eating on the following shift. The DSR dated 4/2020 showed the aforementioned ADLs. The DSR further showed that it was not documented that the aforementioned ADLs were documented on the following dates and shifts: On 4/8/20 and 4/18/20 during 11:00 pm to 7:00 am shift, on 4/8/2020, 4/9/2020, 4/11/20 to 4/17/20, 4/19/20 to 4/23/20, and 4/25/20 during 3:00 pm to 11:00 pm shift, and on 4/8/20 to 4/23/20 during 7:00 am to 3:00 pm shift. The PN for the month of 4/2020 showed that there was no documentation to indicate that the ADLs were performed to Resident #2 on the aforementioned dates and shifts. 2. According to the AR, Resident #1 was admitted to the facility on [DATE], with [DIAGNOSES REDACTED].#1's cognitive function was alert to self, confused, had memory problem, and required assistance from staff with ADLs. The Care Plan (CP) initiated on 6/3/2020, showed that Resident #1 had ADL self care deficit related to physical limitations. Interventions included but were limited to: Assist with daily hygiene, grooming, dressing, oral care as needed. The DSR dated 6/2020 showed that it was not documented that Resident #1 was assisted with bed mobility, bladder continence and toilet use, bowel movement and continence and toilet use, dressing, hygiene, turn and repositioning, and eating on the following shift. The DSR dated 6/2020 showed the aforementioned ADLs. The DSR further showed that it was not documented that the aforementioned ADLs were documented on the following dates and shifts: 6/2/20 and 6/6/20 during 11:00 pm to 7:00 am shift, on 6/2/20 and 6/5/20 during 3:00 pm to 11:00 pm shift, and on 6/3/20, 6/4/20, 6/6/20, and 6/7/20 during 7:00am to 3:00 pm shift. The PNs for the month of 6/2020 showed that there was no documentation to indicate that the ADLs were performed for Resident #1 on the aforementioned dates and shifts. 3. According to the AR, Resident #3 was admitted to the facility on [DATE], with [DIAGNOSES REDACTED]. According to the RECS, an admission assessment tool, dated 6/2/20, Resident #3's cognitive function was oriented to time, place, and person, and dependent from staff with ADLs. The CP initiated on 6/2/2020, showed that Resident #3 had ADL self care deficit related to physical limitations. Interventions included but were limited to: Assist with daily hygiene, grooming, dressing, oral care, and eating as needed. The DSR dated 6/2020 showed that it was not documented that Resident #3 was assisted with bed mobility, bladder continence and toilet use, bowel movement and continence and toilet use, dressing, hygiene, turn and repositioning, and eating on the following shifts: The DSR dated 6/2020 showed the aforementioned ADLs. The DSR further showed that the aforementioned ADLs were not documented on the following dates and shifts: On 6/3/20 to 6/8/20 during 11:00 pm to 7:00 am shift, on 6/3/20, 6/5/20, 6/7/20 and 6/8/20 during 3:00 pm to 11:00 pm shift, and on 6/3/20, 6/6/20, and 6/7/20 during 7:00am to 3:00 pm shift. The PNs for the month of 6/2020 showed that there was no documentation to indicate that the ADLs were performed for Resident #3 on the aforementioned dates and shifts. The surveyor conducted an interview with Certified Nurse Assistance (CNA) on 6/9/20 at 10:27 am. The CNA stated that CNAs have to document on Resident care and ADLs every shift on the facility's computers. The surveyor conducted an interview with Director of Nursing (DON) on 6/9/20 at 1:04 pm. The DON stated that CNA must document when the medications were administered and ADLs provided (such as but were not limited to: toileting, bed mobility, turning and repositioning, assistance with meals) every shift on the computer. She further stated that if the ADL task was not documented or signed, it did not happen or was not provided to the residents. The Job Description titled, Certified Nursing Assistant dated 2003, under Duties and Responsibilities .Record all entries on flow sheets, notes, charts, etc., in an informative and descriptive manner . The facility's policy titled Administering Medications revised 4/2018 and edited on 5/21/19, showed that: under Policy Statement Medication are administered in a safe and timely manner, and as prescribed .#7 Medications are administered within one (1) hour of their prescribed time, unless otherwise specified . The facility's policy titled Charting and Documentation revised 7/2017 and edited on 2/27/2018, showed that under Policy Statement All services provided to the resident, progress toward the care plan goals, or any changes in the resident's medical, physical, functional or psychosocial, shall be documented in the resident's medical record. The medical record should facilitate communication between the interdisciplinary team regarding the resident's condition and response to care. Same policy under Policy Interpretation and Implementation 1. Documentation in the medical record may be electronic, manual or a combination . NJAC 8:39-11.2(b) NJAC 8:39-27.1(a)</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.