STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315386	A. BUILDING _____ B. WING _____	**08/28/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
MAYWOOD CENTER FOR HEALTH AND REHABILITATION	**100 WEST MAGNOLIA AVENUE MAYWOOD, NJ 07607**

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 0710 **Level of harm -** Minimal harm or potential for actual harm **Residents Affected -** Few	**Obtain a doctor's order to admit a resident and ensure the resident is under a doctor's care.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** C#NJ 750 Based on observation, interview, and record review, it was determined that the facility failed to implement a Physician's Order (PO) for a resident to receive an inhalation [MEDICATION NAME][MEDICATION NAME] medication that relaxes muscles in the airways and increases airflow to the lungs for 1 of 1 Resident (Resident #1) reviewed. This deficient practice was evidenced by the following: On 8/28/20 at 11:50 AM, the surveyor observed Resident #1 in their room seated in a wheelchair watching television without apparent respiratory distress. A review of the resident's Face Sheet (an admission summary) reflected that the resident was admitted to the facility on [DATE], was readmitted on [DATE], and had [DIAGNOSES REDACTED]. A review of the 7/1/20 Annual Minimum Data Set (MDS), an assessment tool, indicated a Brief Interview for Mental Status (BIMS) score of 6 out of 15, which reflected that the resident's cognition was severely impaired. The surveyor reviewed the April 2020 Physicians Order Summary (POS) Report, revealed a PO for [MEDICATION NAME] Nebulization Solution (2.5 mg/3ml) 0.083% 3 ml; inhale orally via nebulizer every 6 hours for [MEDICATION NAME] with a start date of 1/9/19; There was no discontinued date. The surveyor reviewed the April 2020 Medication Administration Record [REDACTED]. The April 2020 MAR indicated [REDACTED]. The medication was not administered on 4/4/2020. On 8/28/20 at 11:30 AM, the survey team met with the Director of Nursing (DON) and the Administrator and requested a copy of the PO for the discontinuation of the [MEDICATION NAME] Nebulizer Medication. The DON stated that there was no PO to discontinue the medication. The Administrator noted that the facility followed the Center for Disease Control's (CDC) recommendations with guidance to discontinue nebulizer treatments. On that same day at 1:10 PM, during an interview, the Nurse Practitioner (NP) stated that she had been aware that the [MEDICATION NAME] Nebulizer Medication was discontinued. Still, she had not discontinued it, and stated, the facility did. The surveyor asked the NP if she felt it was appropriate for the facility to discontinue medications without a physician's order. The NP did not respond. On that same day at 2:30 PM, during a phone interview, the Resident #1's Primary Care Physician (PCP) stated that he did not give orders to discontinue the [MEDICATION NAME] Nebulization Medication, nor was he aware that the facility discontinued it. He further said that he became aware when Resident #1's daughter contacted him very upset that the resident's Nebulizer Medications had been discontinued. The physician told the surveyor it was at that time, when the DON informed him that the staff did not want to administer the Medications via the Nebulizer because of the risk of them contracting [MEDICAL CONDITION]. The physician then ordered the Nebulizer medication to resume routinely every 6 hours for one week, and then every 6 hours only as needed. The DON provided the surveyor with a copy of the CDC Coronavirus Disease (COVID-19) Interim U.S. Guidance for Risk Assessment and Work Restrictions for Healthcare Personnel with Potential Exposure to Covid-19, which did not address the recommendation for the discontinuation of Nebulization Medications. The survey team met with the Administrator and DON and discussed the above observations and concerns. The Administrator and the DON both stated that they should have obtained a PO before discontinuing Resident #1's Nebulizer medication. There was no additional information provided by the facility. NJAC: 8:39- 27. 1 (b)

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