

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 315482	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/24/2020
NAME OF PROVIDER OF SUPPLIER CARE ONE AT MOORESTOWN		STREET ADDRESS, CITY, STATE, ZIP 895 WESTFIELD ROAD MOORESTOWN, NJ 08057	
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 - Some</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Complaint #NJ 0 Based on interview and record review, it was determined that the facility failed to document the administration of wound treatments on the electronic Treatment Administration Record (eTAR) for 2 of 6 residents reviewed (Resident #5 and #6) for professional standards of nursing practice. This deficient practice was evidenced by the following: Reference: New Jersey Statutes Annotated, Title 45, Chapter 11, Nursing Board. The Nurse Practice Act for the State of New Jersey states: The practice of nursing as a registered professional nurse is defined as diagnosing and treating human responses to actual and potential physical and emotional health problems, through such services as case-finding, health teaching, health counseling, and provision of care supportive to or restorative of life and wellbeing, and executing medical regimens as prescribed by a licensed or otherwise legally authorized physician or dentist. Reference: New Jersey Statutes Annotated, Title 45, Chapter 11, Nursing Board. The Nurse Practice Act for the State of New Jersey states: The practice of nursing as a licensed practical nurse is defined as performing tasks and responsibilities within the framework of case-finding; reinforcing the patient and family teaching program through health teaching, health counseling and provision of supportive and restorative care, under the direction of a registered nurse or licensed or otherwise legally authorized physician or dentist. 1. According to the Admission Record, Resident #5 was admitted on [DATE] with [DIAGNOSES REDACTED]. A review of the resident's Admission Minimum Data Set (MDS), an assessment tool, dated 7/28/20, revealed the resident was in a persistent vegetative state. Further review of the MDS indicated the resident had a Stage 3 Pressure Ulcer and an Unstageable Pressure Ulcer on admission. A review of the resident's Care Plan (CP) revised 7/24/20, included a focus for actual skin breakdown related to sacral wounds and interventions that included: Administer treatment per physician's orders [REDACTED]. 2. Santyl Ointment 250 Unit/GM Apply to Left Buttock Wound topically everyday shift for tx, active 7/25/20 to 8/12/20. A review of the July 2020 eTAR revealed a blank (not signed out as administered) for the 7/29/20 7a-3p shift treatments. A review of the August 2020 eTAR revealed blanks for the 8/8/20 7a-3p shift and 8/9/20 7a-3p shift treatments. 2. According to the Admission Record, Resident #6 was admitted on [DATE] with [DIAGNOSES REDACTED]. A review of the resident's Quarterly MDS dated [DATE] reflected that the resident had a Brief Interview for Mental Status (BIMS) of 15, indicating the resident's cognition was intact. Further review of the MDS revealed the resident had a [MEDICAL CONDITION]. A review of the resident's CP revised 6/3/20, included a focus that the resident had actual skin breakdown related to a right heel ulcer and interventions that included: Administer treatment per physician's orders [REDACTED]. A review of the February 2020 eTAR revealed a blank for the 2/5/20 7a-3p shift treatment. A review of the March 2020 ORR revealed the following PO: Cleanse Right Heel with NSS, apply Dakin's (antiseptic cleanser) light-soaked gauze, and dressing daily every day shift, active 3/5/20 to 5/15/20. A review of the March 2020 eTAR revealed blanks for the 3/23/20 7a-3p shift and 3/25/20 7a-3p shift treatments. A review of the April 2020 eTAR revealed blanks for the 4/2/20 7a-3p shift, 4/4/20 7a-3p shift, 4/6/20 7a-3p shift, 4/20/20 7a-3p shift, 4/23/20 7a-3p shift, and 4/25/20 7a-3p shift treatments. A review of the May 2020 ORR revealed the following PO: Cleanse Right Heel with NSS, apply Dakin's light-soaked gauze, and dressing twice daily every day and evening shift, active 5/15/20 to 5/28/20. A review of the May 2020 eTAR revealed blanks for the 5/12/20 7a-3p shift, 5/15/20 7a-3p shift, 5/16/20 7a-3p shift, 5/16/20 3p-11p shift, 5/19/20 7a-3p shift, 5/21/20 7a-3p shift, 5/23/20 3p-11p shift, 5/28/20 7a-3p shift, and 5/28/20 3p-11p shift treatments. During an interview with the surveyor on 8/24/20 at 9:58 AM, the Regional MDS/Registered Nurse stated that wound dressing changes are documented on the eTAR. During an interview with the surveyor on 8/24/20 at 11:21 AM, the Licensed Practical Nurse (LPN #1) stated that when a nurse completes a treatment, it is signed off on the eTAR. During an interview with the surveyor on 8/24/20 at 1:20 PM, the Assistant Director of Nursing (ADON) stated that nurses should sign the eTAR when treatments are completed. The ADON further noted that a blank on the eTAR could indicate the resident was out of the facility or refused the treatment. During a phone interview with the surveyor on 8/25/20 at 10:18 AM, the Director of Nursing (DON) stated that treatments are documented on the eTAR or in the progress notes and that a blank on the eTAR would either indicate that the nurse did not complete the treatment or forgot to sign off on the eTAR. The DON further stated that if the treatment could not be performed, the nurse should code the reason on the eTAR and write a progress note. During a phone interview with the surveyor on 8/25/20 at 10:25 AM, the regularly assigned wound treatment LPN (LPN #2) stated that treatments are signed for on the eTAR. The LPN further noted that if a treatment could not be administered, the nurse would still sign for the treatment and code the reason. Upon request, the facility was unable to provide a policy related to the procedure for the eTAR. NJAC 8:39-11.2(b)</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.