

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>315135</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>03/11/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>CREST POINTE REHABILITATION AND HEALTHCARE CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>1515 HULSE ROAD PT PLEASANT, NJ 08742</b>	
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  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Few</b>	<p><b>Ensure services provided by the nursing facility meet professional standards of quality.</b> <b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Reference: [ST] Statutes, Annotated Title 45, Chapter 11. Nursing Board The nurse practice act for the State of [ST] states; The practice of nursing as a registered professional nurse is defined as diagnosing and treating human responses to actual or potential physical and emotional health problems, through such services as casefinding, 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: The practice of nursing as a licensed practical nurse is defined as performing tasks and responsibilities within the framework of casefinding; 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. Based on interviews, review of facility Medical Records (MR), and other pertinent documentation on 3/11/2020, it was determined that the facility failed to follow Standards of Practice, as well as Care Plan Interventions by administering [MED]gen without an order to 1 of 5 sampled residents, (Resident #3). This deficient practice is evidenced by the following: 1. According to the 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 2/13/2020, Resident #3 had a Brief Interview for Mental Status (BI[CONDITION]) score of 15/15, indicating that Resident #3 had intact cognition. Review of Resident #3's Care Plan (CP) dated [DATE]20, under Focus revealed I have [MEDICAL CONDITION]. Under Goals included; decrease my risk for respiratory complications during the next review date. Under Interventions included but were not limited to: Oxygen as ordered. Review of Resident #3's Physician Order Sheet (POS) dated [DATE]20, did not contain an order for [REDACTED]. #3's POS dated [DATE], revealed an order for [REDACTED]. Review of a Progress Note dated [DATE]20 05:43 (5:43 a.m.) revealed the following: 12:15 a.m. resident c/o (complaining of) shortness of breath, nebulizer treatments given, O2 ([MED]gen) sat (saturation) 87% on 3L (Liters) 02 via nasal cannula. Resident did not feel better after nebulizer, 02 sat remains in the 80s. Oxygen switched to non rebreather mask at 10L, sat immediately went to 96%. Resident left on non rebreather mask lowered to 4L/min. Maintained 02 sat 93-97%. 02 changed to nasal cannula @4L/m resting comfortably, 02 Sat 96%. There were no Physician orders for the above interventions. During an interview on 3/11/2020 at 1:12 p.m., the Director of Nursing (DON) stated that you do not necessarily need an order for [REDACTED]. Review the resident's care plan and physician order to assess for any special needs of the resident. [ST]AC 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.