| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 315195 | A. BUILDING _____ B. WING _____ | 08/25/2020 |

| NAME OF PROVIDER OF SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP |
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| AUTUMN LAKE HEALTHCARE AT BERKELEY HEIGHTS | 35 COTTAGE STREET BERKELEY HEIGHTS, NJ 07922 |

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) |
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| F 0688<br><br>**Level of harm -** Minimal harm or potential for actual harm<br><br>**Residents Affected -** Few | **Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason.**<br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**<br>NJ 083 Based on observation, interview and record review it was determined that the facility failed to implement strategies to maintain functional abilities. This deficient practice was identified for 1 of 3 residents reviewed for rehabilitation services (Resident #5). The evidence was as follows: The surveyor reviewed the closed medical records [REDACTED]. In addition, a weekly physical therapy progress note dated as last assessed 5/12/2020 included maintenance interventions including range of motion, upright tolerance and functional positioning for [MEDICAL CONDITION] hygiene and pressure relief. In addition, the equipment status indicated, anticipating custom wheelchair. The surveyor reviewed the resident's Admission Record which reflected that the resident had [DIAGNOSES REDACTED]. A review of the resident's admission Minimum Data Set (MDS), an assessment tool used to facilitate the management of care, dated 5/27/2020, reflected the resident had a brief interview for mental status (BIMS) score of 0 out of 15, indicating that the resident had a severely impaired cognition level. A review of the Physical Therapy Evaluation and Plan of Treatment record dated 5/22/2020 indicated a recommendation for a broda chair (a tilt in space positioning chair) and a bolster (an adaptive cushion device) to facilitate normal posture and prevent flexion contracture. In addition, a Physical Therapy Treatment Encounter Note dated 5/22/2020 included that the resident was assessed in a broda chair and the staff nurse was communicated the recommendation of positioning by the Physical Therapist (PT). The record also indicated that the resident was not a candidate for physical therapy. The physician was present during the assessment and agreed. A review of the Interdisciplinary Team Care Plan Summary dated 6/3/2020 indicated that the resident was participating in occupational therapy and speech therapy and the explanation of services was therapeutic exercises. The section for participating in PT was crossed out and the section for restorative nursing was not marked as participating. On 8/25/2020 at 12:05 PM, the surveyor interviewed the Occupational Therapist/Director of Rehab (OT-R) who stated that every new admission was reviewed for each area of services which included physical therapy, occupational therapy and speech therapy. The OT-R added that Resident #5 had been evaluated by a PT on 5/22/2020 and according to the evaluation the resident was not appropriate for physical therapy services. The OT-R stated that the resident had no trunk control and was put into a geri chair (a geriatric chair or medical recliner) when out of bed (OOB). The OT-R also stated that the family representative was involved and was aware. On 8/25/2020 at 12:16 PM, the surveyor interviewed the Licensed Practical Nurse/Unit Manager (LPN/UM) who was familiar with Resident #5. The LPN/UM stated that the resident was not receiving physical therapy services and was put into a geri chair when OOB (and not a broda chair) and pillows were provided for positioning and comfort. The LPN/UM added that the nurses would perform range of motion (ROM) to both resident's hands because of contractures. The LPN/UM could not speak to whether there was documentation in the nursing progress notes regarding the accountability of performing ROM and positioning in the geri chair. The LPN/UM thought the care plan would indicate what was being done for the resident. On 8/25/2020 at 12:25 PM, the surveyor interviewed the Certified Nursing Aide (CNA) who was familiar with the care that was provided to Resident #5. The CNA stated that the resident required total assistance and would always put the resident in a geri chair with pillows for positioning and comfort when OOB. The CNA did not speak to a broda chair or a bolster pillow for positioning and comfort. A review of the Interdisciplinary Team Care Plan Summary dated 6/3/2020 indicated that the resident was participating in occupational therapy and speech therapy and the explanation of services was therapeutic exercises. The section for participating in physical therapy was crossed out. A review of the Interdisciplinary Care Plan (IDCP) dated as initiated 5/22/2020 indicated a focused area of potential for pressure ulcer/injury development in relation to immobility with interventions that included a wheelchair cushion and offload heels from wheelchair pedals. Further review of the IDCP dated as initiated 7/8/2020 indicated a focused area of limited physical mobility in relation to disease process of [MEDICAL CONDITIONS] and weakness. The indicated interventions included physical therapy and occupational therapy as ordered, as needed. A review of IDCP did not reflect the need for therapeutic exercises, use of a geri chair or a broda chair, use of pillows or a bolster device for positioning or that the resident had an individualized positioning need requiring pillows or a bolster. A review of the nursing progress note dated 5/23/2020 indicated that the resident was out of bed in a lounge chair. A review of nursing progress notes dated 6/27/2020 and 6/28/2020 indicated that the resident was OOB in a wheelchair. A review of a nursing progress note dated 8/5/2020 indicated that the resident was placed in a geri chair. There was no documented evidence that resident was assessed for use of a wheelchair or geri chair. The notes did not reflect that the resident was unable to tolerate these positions. A review of the resident's Order Recap Report revealed physician's orders dated 6/12/2020 and 7/8/2020 for physical therapy evaluation and treatment as indicated with an order status as discontinued. There were no physician orders noted for a broda chair or a bolster positioning device. On 8/25/2020 at 1:25 PM, the surveyor interviewed the OT-R who stated that she spoke to the PT at the specialty rehabilitation center on the phone regarding the care of Resident #5. The OT-R stated that the services that the resident received were passive ROM and there was no functional-based services such as standing, walking or pivoting that could be performed by the resident. The OT-R stated the phone conversation was not documented in the resident's medical record. The OT-R also stated that although there were physician orders for services on readmission, the decision whether to re-evaluate was based on whether the functional status had changed or if the resident had received any rehab services in the hospital. The OT-R added that the resident was not re-evaluated for any services after readmission on 6/12/2020 and 7/8/2020 because the resident had not gone to the hospital for a change in functional status and had not received any rehab services in the hospital. The resident had only been hospitalized for [REDACTED]. On 8/25/2020 at 1:42 PM, the surveyor, in the presence of another surveyor, interviewed the OT-R who stated that Resident #5 had not received restorative rehabilitation services because there was no recommendation made by the PT or OT for restorative rehabilitation services and that nursing aides perform routine exercises when they provide Activities of Daily Living (ADL) care for the resident. On 8/25/2020 at 2:22 PM, the surveyor, in the presence of another surveyor, interviewed the PT who had completed the evaluation on 5/22/2020 for Resident #5. The PT stated that he had reviewed the notes from the prior specialty rehabilitation center and was aware that the notes indicated that the resident was sitting in a tilting wheelchair with a seatbelt for positioning. The PT added that he would not utilize a seat belt for trunk control. The PT acknowledged that his evaluation had not reflected continuity of care to indicate a change in prior recommendations and the current treatment plan. The PT confirmed that he made a recommendation for a broda chair and a bolster for comfort and optimal positioning. The PT also acknowledged that he had not indicated the location for placement of the bolster to provide optimal positioning for staff to know where to place the bolster. The PT also stated that he thought the resident had a broda chair while the resident was on the sub-acute unit but was unsure if the resident was placed in the broda chair when OOB. The PT also could not speak to whether the resident had received a bolster, adding that he didn't order one, adding that nursing would have had to follow |

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.

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| F 0688<br><br>**Level of harm -** Minimal harm or potential for actual harm<br><br>**Residents Affected -** Few | (continued... from page 1)<br>through on the recommendations he made and get a physician's order to obtain the bolster device. The PT also stated that therapeutic exercises would be performed by the nursing staff during ADL's. The PT could not speak to whether a geri chair could be interchangeable with a broda chair. The PT stated that nursing would have made the change of placing the resident into a geri chair with pillows when OOB. The PT could not speak to why nursing would make the change or whether a re-evaluation should have been completed when a change to the PT recommendation was done by nursing. The PT also stated that he would not be involved in the evaluation of a custom wheelchair and thought the Occupational Therapist (OT) would review a resident for a custom wheelchair. On 8/25/2020 at 3:13 PM, the surveyor in the presence of another surveyor, interviewed the Director of Nursing (DON) who stated that Resident #5 had not received a formal restorative rehabilitation service program and knew the resident had a difficulty maintaining position due to a lack of trunk control. The DON added that the resident would lean to the side when up in the geri chair. She stated that documentation of the use of a geri chair or positioning device would be in the nursing notes and care plan. The DON could not speak to why there was no documentation in any progress notes indicating whether a broda chair and bolster were obtained or utilized. In addition, the DON could not speak to why a change was made to utilizing a geri chair and pillows was indicated by the staff. The DON acknowledged the surveyor's findings of the lack of accountability for therapeutic exercises, documentation of use of a broda chair in accordance with the PT evaluation, documentation that the resident received a bolster and was utilized and where the location of placement of the bolster for positioning was identified. On 8/25/2020 at 3:15PM the PT informed two surveyors that the OT who had treated the resident was not available for an interview until late evening or tomorrow, 8/26/20. On 8/25/2020 at 4:00 PM, the surveyor interviewed the Medical Doctor (MD) regarding Resident #5. The MD stated that resident was not a candidate for physical therapy and was not recommended for an evaluation from the physiatrist. The MD added that the resident had not had a functional decline while in the facility. On 8/26/2020 at 9:42 AM, the surveyor conducted a telephone interview with the OT. The OT stated that the PT and OT collaborate on the resident's therapy, but she was focused on the tightness/contractures in the resident's hands to prevent further worsening of contractures and recommended bilateral hand grips. The OT stated that the resident was discharged from Occupational therapy on 6/5/2020 with instructions to the CNA's on proper placement and timing of the hand grips and this was indicated in the IDCP. The OT added that restorative rehabilitation for the hands was not required. The OT also stated that she does not provide maintenance therapy and passive ROM was a nursing task and was unsure of documentation for accountability. On 8/26/2020 at 1:11 PM, the surveyor conducted a second interview with the OT who stated that a custom wheelchair would have to be ordered through a specialized vendor and a customized wheelchair would not be ordered in the skilled nursing home facility. The OT added that the resident was assessed by the PT and was not a candidate for physical therapy and was already in a Broda chair for proper positioning, so a customized wheelchair was not reviewed for the resident. A review of the undated facility policy for Restorative Nursing Services provided by the DON indicated that residents will receive restorative nursing care as needed to help promote optimal safety and independence. In addition, the policy indicated that restorative nursing care consists of nursing interventions that may or may not be accompanied by formalized rehabilitative services such as physical therapy, occupational therapy and speech therapy and would be outlined in the IDCP. A review of the undated facility Clinical Protocol for Functional Impairment provided by the DON indicated that upon admission to the facility and periodically during a resident's stay, the physician and staff will assess the resident's function along with physical condition. In addition, the staff would monitor and document the resident's function which included evidence of reduction in ADL dependency or improvement. NJAC 8-39-11.2(e)(2), 27.1(a), 27.5(b) |