

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315009	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/09/2024
NAME OF PROVIDER OR SUPPLIER Runnells Center for Rehabilitation & Healthcare		STREET ADDRESS, CITY, STATE, ZIP CODE 40 Watchung Way 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)
<p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives an accurate assessment.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44605</p> <p>NJ #165993</p> <p>Based on observation, interview, and record review it was determined that the facility failed to accurately code the Minimum Data Set (MDS), an assessment tool used to facilitate the management of care, in accordance with federal guidelines for 2 of 35 residents, Resident #200 and #655 reviewed for accuracy for MDS coding.</p> <p>This deficient practice was evidenced by the following:</p> <p>1. On 4/02/24 at 09:33 AM, the surveyor interviewed Resident #200 in their room. Resident #200 stated they take an antidepressant medication and have for a few years.</p> <p>On 4/4/24 at 9:10 AM, the surveyor reviewed Resident #200's hybrid (paper and electronic) medical records.</p> <p>The Admission Record (AR) documented the resident had diagnoses that included but were not limited to, adjustment disorder with depressed mood, schizoaffective disorder depressive type, bipolar disorder, and generalized anxiety disorder.</p> <p>A review of a Annual MDS assessment, dated 1/22/24, indicated in Section N-Medications, under N0415. High-risk Drug Classes: Use and Indication, Resident #200 was not coded for taking an antidepressant.</p> <p>A review of the Order Summary Report included a physician's order dated 7/6/2022 which read, Sertraline HCL Tablet 100 milligrams (MG), Give 2 tablets by mouth one time a day for depression for a total dose of 200mg.</p> <p>On 4/08/24 at 11:48 AM, the surveyor interviewed Registered Nurse/MDS Coordinator (MDSC), who stated all resident who are taking an antidepressant medication should have that coded in their MDS. The surveyor reviewed with MDSC the annual MDS assessment of Resident #200. MDS coordinator #1 stated the coding was a data entry error. MDSC stated the MDS assessment would be corrected.</p> <p>(continued on next page)</p>

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>According to the latest version of the Center for Medicare/Medicaid Services - Resident Assessment Instrument 3.0 Manual (updated October 2023) on Chapter 3-page N7-9- N0415C1. Antidepressant: Check if an antidepressant medication was taken by the resident at any time during the 7-day look-back period (or since admission/entry or reentry if less than 7 days). N0415C2. Antidepressant: Check if there is an indication noted for all antidepressant medications taken by the resident any time during the observation period (or since admission/entry or reentry if less than 7 days).</p> <p>On 4/9/24 at 9:00 AM, the Licensed Nursing Home Administrator (LNHA) provided the surveyors with a facility policy titles, Electronic Transmission of MDS with a revision date of December 2010. The policy stated under the policy interpretation and implantation section, The MDS Coordinator is responsible for ensuring that appropriate edits are made prior to transmitting MDS data.</p> <p>On 4/9/24 at 11:30 AM, the survey team met with the LNHA and Director of Nursing (DON) to discuss the MDS coding error. The DON acknowledged the errors and stated they would fix errors that were discovered. No further comment made.</p> <p>45449</p> <p>2. On 4/3/23 at 12:30 PM, the surveyor requested for the reportable, incidents, and accidents for Resident #655 from the [NAME] President of Clinical Services.</p> <p>A review of the incident and accident report (Risk Management Assessment form (RMA; used to document, identify, and control risks) for Resident #655 included the following:</p> <p>On 8/14/23 at 10:52 PM, the Resident was found sitting on the hallway by the Certified Nursing Assistant (CNA #1). The resident informed the CNA that he/she wanted to get ice water. The resident was educated to consistently request for assistance.</p> <p>On 8/20/23 at 6:57 PM, the Resident informed CNA #2 that he/she fell on his/her right hip next to the bed and lifted himself/herself onto the bed. The resident was educated and redirected. The physician was informed, who then ordered another X-ray (to produce images of the internal tissue, bones, and organs). The X-ray showed good alignment and no injury was reflected on the result.</p> <p>On 8/30/23 at 3:41 PM, an Unsampled Resident reported to the Licensed Practical Nurse (LPN) that while outside, he/she observed Resident #655 walk out of the electric sliding door and fall in the presence of the resident's sister. After returning to the facility, the family member did not report the resident's fall. The resident was assessed upon return, and the LPN documented that there were no apparent bruises. At that time, the sister was interviewed and stated that the resident barely fell , the resident's knee bent and did not touch the floor. The sister was educated to inform the facility of any incident.</p> <p>On 9/4/23 at 7:24 AM, the resident was found on the floor by LPN#2. The resident informed LPN#2 that he/she went to the rest room, and while trying to get back onto the bed, he/she slid off the bed onto the floor. The Director of Nursing documented that the resident was receiving rehabilitative services and the resident continued to be non-compliant with assistive device.</p> <p>(continued on next page)</p>		

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<p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The surveyor reviewed Resident #655's hybrid medical record.</p> <p>A review of Resident #655's Admission Record (AR) (an admission summary) reflected that the resident was admitted to the facility with diagnoses which included but were not limited to unspecified intellectual disabilities (a condition that limits intelligence, and adaptive behavior), anxiety disorder, and major depressive disorder.</p> <p>A review of Resident #655's most recent quarterly Minimum Data Set (qMDS), an assessment tool used to facilitate the management of care, dated 11/7/23, reflected that the resident had a Brief Interview for Mental Status (BIMS) score of 13 out of 15, which indicated that Resident #655's cognition was intact.</p> <p>Further review of section J.1800, Any falls since Admission/Entry or Re-entry or Prior Assessment, whichever is more recent reflected 0 which indicated No.</p> <p>On 4/8/23 at 9:30 AM, during an interview with the surveyor, the MDSC stated that the quarterly MDS information was based of the nurses' progress notes (PN). The qMDS for 11/7/23, encompassed information from 8/12/23 to 11/7/23.</p> <p>At that time, the surveyor asked the MDSC why the documented falls on the PN that occurred on 8/14/23, 8/20/23, 8/30/23 and 9/4/23, were not reflected on the qMDS dated [DATE].</p> <p>At that time, the MDSC stated that she had signed the qMDS for 11/7/23, for completion however the MDS Nurse (MDSN) who completed and signed section for J.1800 for that qMDS should have included the data.</p> <p>At that time, the MDSC informed the surveyor that MDSN was not in the facility that day but would reach out for more information as to why it was not included.</p> <p>At that time, the MDSC stated that the accuracy of the MDS was important for care plan and other assessment for their residents.</p> <p>A review of the resident's Care Plan reflected focus, goal and interventions for the falls that occurred on 8/14/23, 8/20/23, 8/30/23, and 9/4/23.</p> <p>On 4/8/23 at 11:53 AM, the [NAME] President of Clinical confirmed with the surveyor that section J.1800 of the qMDS for 11/17/23, was missed, and informed the surveyor that the qMDS for 11/17/23, would be revised for correction after surveyor inquiry.</p> <p>A review of the facility policy provided, Electronic Transmission of the MDS revised December 2010, included the following:</p> <p>Policy Statement</p> <p>All MDS assessments .will be completed electronically encoded into our facility's MDS information system and transmitted to CMS QIES Assessment Submission and Processing (ASAP) system in accordance with current OBRA regulations governing the transmission of MDS data.</p> <p>(continued on next page)</p>

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<p>F 0712</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that the resident and his/her doctor meet face-to-face at all required visits.</p> <p>46049</p> <p>Based on interview and record review, it was determined that the facility failed to ensure that the primary physician responsible for supervising the care of residents conducted face to face visits and wrote progress notes at least once every sixty days. This deficient practice was identified for 1 of 35 (Resident #658) reviewed for physician visits and was evidenced by the following:</p> <p>On 4/4/24 at 12:40 PM, the surveyor reviewed the closed paper and electronic medical record for Resident #658.</p> <p>The Admission Record (a summary of important information about a resident) documented that Resident #658 had diagnoses that included but were not limited to, generalized anxiety disorder and major depressive disorder.</p> <p>A review of physician progress notes revealed the following:</p> <p>On 9/12/22, a medical visit note was completed by the resident's primary physician.</p> <p>On 10/4/22, a medical visit note was completed by the Nurse Practitioner (NP).</p> <p>On 11/1/22, a medical visit note was completed by the Nurse Practitioner (NP).</p> <p>On 11/28/22, a medical visit note was completed by the Nurse Practitioner (NP).</p> <p>On 12/6/22, a medical visit note was completed by the Nurse Practitioner (NP).</p> <p>There was no documented evidence that the primary physician visited and examined Resident #658 at least every 60 days.</p> <p>On 4/4/24 at 1:50 PM, the surveyor interviewed the VP of Clinical Services about the physician progress notes for Resident #658. The VP of Clinical Services acknowledged physicians were to conduct face-to-face visits at least every 30 days or at least every 60 days when alternating visits with an NP.</p> <p>On 4/8/24 at 10:07 AM, the surveyor interviewed the Director of Nursing (DON) about the physician visits and documentation for Resident #658. The DON stated there should be documentation by the primary physician for the resident and would look to provide further information.</p> <p>On 4/8/24 at 11:18 AM, the surveyor called to speak with the primary physician over the phone and left a message with the office for a call back.</p> <p>On 4/8/24 at 12:21 PM, the surveyor received a return telephone call from the NP who worked in collaboration with the resident's primary physician. The NP informed the surveyor that she visited the residents at least monthly. The NP stated when alternating with the physician, the physician would be required to visit quarterly, every three months.</p> <p>(continued on next page)</p>		

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<p>F 0712</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 4/9/24 at 11:50 AM, the survey team met with the Licensed Nursing Home Administrator, DON, IP, VP of Clinical Services, and regional staff. The surveyor informed the facility of the concern of the physician conducting face-to-face visits at least every 60 days when alternating with an NP. There was no additional information provided by the facility.</p> <p>A review of the provided facility policy titled Physician Visits, under Policy Interpretation and Implementation read: After the first ninety (90) days, if the Attending Physician determines that a resident need not be seen by him/her every thirty (30) days, an alternate schedule for visits may be established, but not to exceed every sixty (60) days. A physician assistant or nurse practitioner may make alternate visits after the initial ninety (90) days following admission, unless restricted by law or regulation .</p> <p>NJAC 8:39 - 23.2 (d)</p>		

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<p>F 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Implement gradual dose reductions(GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medication; and PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited.</p> <p>45449</p> <p>Complaint NJ #165993</p> <p>Based on observation, interview, review of the medical record and review of other facility documentation, it was determined that the facility failed to adequately monitor the target behaviors for the number of episodes, behavioral interventions, and its outcomes for the use of psychotropic medications (mood altering medications) in accordance with facility policy.</p> <p>This deficient practice was identified for one (1) of six (6) residents (Resident #656) reviewed for abuse in a resident-to-resident interaction, and was evidenced by the following:</p> <p>A review of the reportable event record/report (FRI; Facility Reported Incident) that was called in on 7/23/23 at 1:10 PM. The FRI occurred on 7/23/23, at approximately 11:22 AM, and was reported an incident of a resident-to-resident abuse. The event description included the following: At around 11:22 AM on 7/23/23, the Licensed Practical Nurse (LPN) was in the hallway by her medication cart when she witnessed Resident #656, and Resident #657 passed each other on opposite sides of the hallway. The LPN witnessed Resident #656 walked up to, then strike Resident #657 twice in the face. The LPN called out for help and immediately separated both residents .</p> <p>A review of Resident #656's Admission Record (AR) (an admission summary) reflected that the resident was admitted to the facility with diagnoses which included but were not limited to unspecified dementia (impairment of memory loss and judgment), with other behavioral disturbance, and major depressive disorder.</p> <p>A review of Resident #656's most recent quarterly Minimum Data Set (qMDS), an assessment tool used to facilitate the management of care, dated 9/11/23, reflected that the resident had a Brief Interview for Mental Status (BIMS) score of 00 out of 15, which indicated that Resident #656's cognition was severely impaired. Additionally, section E. Behavior revealed the resident was not delusional.</p> <p>A review of the Order Summary Report contained Physician Orders that were active orders for June 2023 which included the following:</p> <ul style="list-style-type: none"> -Ativan 1 milligram (mg), give one (1) tablet by mouth every 8 hours for anxiety with a start date 2/20/23. -Behavior Monitoring for medication: Lorazepam (antianxiety), target behavior of anxiousness with a start date of 2/20/23. -Depakote Sprinkles Oral Capsule Delayed Release Sprinkle 125 mg (Divalproex Sodium), give five (5) capsules by mouth every 12 hours for mood stabilizer with a start date of 5/26/23. -Behavior Monitoring for medication: Depakote, target behavior of explosive aggressive behavior with a start date of 5/24/23. <p>(continued on next page)</p>		

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<p>F 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of the Progress Notes from June 1, 2023, to June 30, 2023, revealed behaviors were observed, but did not indicate whether the behavior was for anxiousness or for explosive aggressive behavior for the following dates:</p> <ol style="list-style-type: none"> 1) 6/1/23 at 9:54 PM 2) 6/7/23 at 12:48 PM 3) 6/7/23 at 12:49 PM 4) 6/8/23 at 12:35 AM 5) 6/8/23 at 12:35 AM 6) 6/12/23 at 12:29 AM 7) 6/12/23 at 12:29 AM 8) 6/13/23 at 12:28 AM 9) 6/13/23 at 12:28 AM 10) 6/14/23 at 1:54 PM 11) 6/14/23 at 1:54 PM 12) 6/16/23 at 12:38 PM 13) 6/16/23 at 12:39 PM 14) 6/18/23 at 12:26 PM (not reflected on the eMAR) 15) 6/19/23 at 2:57 PM (not reflected on the eMAR) 16) 6/19/23 at 2:57 PM (not reflected on the eMAR) 17) 6/25/23 at 12:11 PM 18) 6/25/23 at 12:11 PM 19) 6/26/23 at 2:50 PM 20) 6/30/23 at 12:07 AM 21) 6/30/23 at 12:07 AM 22) 6/30/23 at 7:00 PM <p>(continued on next page)</p>

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<p>F 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>23) 6/30/23 at 7:00 PM</p> <p>A review of the electronic Medication Administration Record (eMAR) for June 2023 included the following orders:</p> <p>-Ativan 1 milligram (mg), give one (1) tablet by mouth every eight (8) hours for anxiety with a start date 2/20/23 and end date of 7/24/23.</p> <p>-Behavior Monitoring for medication (BMFM): Lorazepam (antianxiety), target behavior of anxiousness with a start date of 2/20/23. The BMFM reflected that behaviors were documented without the number of episodes, without an intervention (non-pharmacological), and without the outcome of the intervention on the following dates:</p> <ol style="list-style-type: none"> 1) 6/7/23, for the day shift (7:00 AM to 3:00 PM) 2) 6/7/23, for the night shift (11:00 PM to 7:00 AM) 3) 6/11/23, for the night shift 4) 6/12/23, for the night shift 5) 6/14/23, for the day shift 6) 6/18/23, for the day shift 7) 6/18/23 for the night shift 8) 6/29/23, for the night shift <p>-Depakote Sprinkles Oral Capsule Delayed Release Sprinkle 125 mg (Divalproex Sodium), give five (5) capsules by mouth every 12 hours for mood stabilizer with a start date of 5/26/23.</p> <p>-Behavior Monitoring for medication: Depakote, target behavior of explosive aggressive behavior with a start date of 5/24/23. The BMFM reflected that behaviors were documented without the number of episodes, without an intervention (non-pharmacological), and without the outcome of the intervention on the following dates:</p> <ol style="list-style-type: none"> 1) 6/7/23 for the day shift (7:00 AM to 3:00 PM) 2) 6/7/23 for the night shift (11:00 PM to 7:00 AM) 3) 6/11/23 for the night shift 4) 6/12/23 for the night shift 5) 6/14/23 for the day shift 6) 6/18/23 for the night shift <p>(continued on next page)</p>		

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<p>F 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>14) 7/24/23 at 12:43 PM</p> <p>15) 7/28/23 at 12:19 AM</p> <p>16) 7/28/23 at 12:20 AM</p> <p>17) 7/29/23 at 12:10 AM</p> <p>18) 7/29/23 at 12:10 AM</p> <p>19) 7/30/23 at 6:36 PM</p> <p>20) 7/30/23 at 6:36 PM</p> <p>A review of the electronic Medication Administration Record (eMAR) for July 2023 included the following orders:</p> <p>-Ativan 1 milligram (mg), give one (1) tablet by mouth every eight (8) hours for anxiety with a start date 2/20/23 and end date of 7/24/23.</p> <p>-Behavior Monitoring for medication (BMFM): Lorazepam (antianxiety), target behavior of anxiousness with a start date of 2/20/23. The BMFM reflected that behaviors were documented without the number of episodes, without an intervention (non-pharmacological), and without the outcome of the intervention on the following dates:</p> <p>1) 7/4/23, for the night shift</p> <p>2) 7/8/23, for the evening shift</p> <p>-Depakote Sprinkles Oral Capsule Delayed Release Sprinkle 125 mg (Divalproex Sodium), give six (6) capsules by mouth every 12 hours for mood stabilizer with a start date of 6/23/23.</p> <p>-Behavior Monitoring for medication: Depakote, target behavior of explosive aggressive behavior with a start date of 5/24/23. The BMFM reflected that behaviors were documented without the number of episodes, without an intervention (non-pharmacological), and without the outcome of the intervention on the following dates:</p> <p>1) 7/4/23, for the night shift</p> <p>2) 7/20/23, for the night shift</p> <p>3) 7/23/23, for the night shift</p> <p>4) 7/24/23, for the day shift</p> <p>5) 7/27/23, for the night shift</p> <p>6) 7/28/23, for the night shift</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315009	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/09/2024
NAME OF PROVIDER OR SUPPLIER Runnells Center for Rehabilitation & Healthcare		STREET ADDRESS, CITY, STATE, ZIP CODE 40 Watchung Way 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)		
<p>F 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>7) 7/31/23, for the night shift</p> <p>A review of the Psychiatric Follow-Up Form dated 5/26/23 included the following: Patient presented with agitation/aggressive behavior. Patient was seen in peer's room. The peer was noted with bloody lips .start Depakote Sprinkle 750 mg every 12 hours and discontinue Depakote Sprinkle 500 mg every 12 hours. Notify Psych NP if patient becomes agitation/aggressive. Continue non drug interventions .</p> <p>A review of the Psychiatric Follow-Up Form dated 6/14/23 included the following: No drug changes. Continue to monitor the patient's mood, behavior, and non-drug interventions .</p> <p>On 4/8/24 at 10:43 AM, during an interview with the surveyor, the [NAME] President of Clinical Services could not explain why the behaviors under the progress note was not specific to the behavior, the number of episodes, interventions made were not specified, and the outcome of a non-pharmacological intervention(s) were not reflected on certain dates on June 2023 and July 2023 of the eMAR. The concerns were communicated with the VPCS.</p> <p>On 4/8/23 at 12:37 AM, during an interview with the surveyor, the Director of Nursing (DON) stated that she had reviewed the eMAR for the discussed concerns with the VPCS and interviewed four (4) nurses who had indicated Yes for behavior on the eMAR without documentation of the number of episodes, interventions made, and the non-pharmacological intervention outcome.</p> <p>At that time, the DON informed the surveyor that the nurses who had marked yes, on the eMAR meant that they had administered the medication to the resident and did not understand how to properly use the BMFM. The DON acknowledged that the order was for behavior monitoring, not administration of the medication and the documentation on the BMFM was incorrect.</p> <p>At that time, the DON stated that a facility wide in-service/education for behavior monitoring documentation would be conducted to increase the nurses' understanding.</p> <p>A review of the undated facility provided policy, Behavioral Assessment and Monitoring included the following:</p> <p>Policy Statement</p> <p>Problematic behaviors will be identified and managed appropriately with minimal complications using non-pharmacological and/or pharmacological approaches as appropriate.</p> <p>Monitoring</p> <p>1. Exception charting will be used to document the occurrence of any problematic behaviors, interventions implemented, and the resident response to interventions when these behaviors occur.</p> <p>N.J.A.C. 8:39-27.1 (a)</p>		