

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315037	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/16/2024
NAME OF PROVIDER OR SUPPLIER Family of Caring at Teaneck		STREET ADDRESS, CITY, STATE, ZIP CODE 1104 Teaneck Road Teaneck, NJ 07666	

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 0700</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Try different approaches before using a bed rail. If a bed rail is needed, the facility must (1) assess a resident for safety risk; (2) review these risks and benefits with the resident/representative; (3) get informed consent; and (4) Correctly install and maintain the bed rail.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40902</p> <p>Based on observation, record review, interview, and facility policy review, the facility failed to ensure residents received alternative measures prior to installation of side rails, assessments were completed for the risk of entrapment prior to installation, and informed consent with explained risks and benefits was obtained prior to installation for one of one resident reviewed for side rails (Resident (R) 13) of 29 sampled residents. The lack of alternate side rail measures and proper assessment/consent could lead to potential restraint or side rail entrapment.</p> <p>Findings include:</p> <p>Review of the facility's policy titled, Nursing Bed Rails, effective 10/2023, revealed The facility will use appropriate alternatives prior to installing a side or bed rail .Assess for risk of entrapment from bed rails prior to installation.</p> <p>Review of R13's undated Face Sheet located under the Profile tab of the electronic medical record (EMR) revealed the resident was admitted on [DATE]. Diagnoses included vascular dementia, depression, bipolar disease, muscle weakness, and anxiety.</p> <p>Review of R13's admission Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 03/28/24 revealed the facility assessed the resident to have a Brief Interview for Mental Status (BIMS) score of three out of 15 which indicated the resident was severely cognitively impaired.</p> <p>Review of R13's Care Plan, initiated 03/21/24, located under the Care Plan tab of the EMR revealed no care plan related to the resident having side rails.</p> <p>Review of R13's Order Summary Report located under the Orders tab of the EMR revealed an order, dated 03/21/24, for bilateral half side rails for positioning/enabler.</p> <p>Review of R13's EMR revealed no documented evidence of a side rail assessment, no documented evidence of any alternative measures prior to installation, and no documented evidence of obtained consent for side rail usage.</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 0700</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an observation and interview on 05/13/24 at 10:04 AM, R13 stated she used the side rails to help her get out of bed. She stated she did not need both of the side rails. There was a half side rail located on both sides of the resident's bed.</p> <p>During an interview on 05/14/24 at 2:33 PM, the Regional Registered Nurse (RRN) stated they did not have any side rail consents completed for this resident because the side rails were used for mobility.</p> <p>During an interview on 05/15/24 at 11:12 AM, the Director of Nursing (DON) stated they always checked to make sure the side rails fit properly, but did not have a completed assessment, documented alternatives used prior to installation, and did not have a completed consent related to side rails because they were used for positioning.</p> <p>NJAC 8:39-27.1(a)</p>