

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  315174	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/26/2025
NAME OF PROVIDER OR SUPPLIER  Deptford Center for Rehabilitation and Healthcare		STREET ADDRESS, CITY, STATE, ZIP CODE  1511 Clements Bridge Rd Deptford, NJ 08096	

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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 15013</p> <p>Based on interview, record review, document review, and policy review, the facility failed to provide quality care in accordance with physician orders for one Resident (R) 9) of three residents reviewed for outside appointments out of a total sample of 22 residents. Specifically, the facility failed to ensure R9 had a gastric emptying scan as ordered. This had the potential for R9 and other residents to have medical issues related to missed procedures.</p> <p>Findings include:</p> <p>Review of the facility's policy titled, Physician Consultations revised on 08/2019, provided by the Director of Nurses (DON) documented It is the policy of this organization to ensure all residents receive medical care in a timely manner . The attending physician will approve orders based on the consultant recommendations . The attending physician will be responsible for following up on the effects of recommended medications and treatments .</p> <p>Review of the Admission Record under the Profile tab of the electronic medical record (EMR) documented R9 was admitted to the facility on [DATE] with diagnoses Gastroesophageal Reflux Disease (GERD) and anxiety disorder.</p> <p>Review of the Care Plan under the Care Plan tab of the EMR dated 10/07/24, documented R9 had GERD related to hyper acidity and interventions included obtain and monitor lab/diagnostic work as ordered and refer to Gastroenterologist as needed.</p> <p>Review of the quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 11/30/24 located under the MDS tab of the EMR revealed R9's Brief Mental Status Interview (BIMS) score was 15 out of 15 indicating intact cognition.</p> <p>Review of R9's Progress Note under the Progress Note tab of the EMR dated 07/31/24 documented, Resident scheduled for gastric emptying scan (gastric emptying study measures how long it takes food to pass from your stomach into your small intestine. The test helps doctors diagnose issues related to slow or rapid stomach emptying. Evaluate symptoms like nausea, vomiting, abdominal pain, or bloating) on August 1st at 8AM .resident and resident's mother notified of upcoming appointment date/time/location.</p> <p>Review of R9's Progress Note dated 08/01/24 documented, Resident left for appointment via transport.</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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of R9's Progress Note dated 08/01/24 documented, Resident returned via transport.</p> <p>During an interview on 02/24/25 at 9:56 AM, R9 stated that he/she has nausea and vomiting, believed he/she had abdominal paralysis (a condition where the stomach muscles do not function properly, leading to delayed or incomplete emptying of food into the small intestine), and last year the Physician ordered a gastric emptying test. He/she stated although he/she went to the appointment, he/she vomited prior to the test, which was not able to be completed, was transferred back to the facility, and the test was to be rescheduled. R9 stated although he/she has told several staff he/she still needed the procedure, the test had not been rescheduled.</p> <p>On 02/26/25 at 8:30 AM, Licensed Practical Nurse (LPN) 6 stated R9 had a gastroenterology appointment on 07/03/24 with a recommendation for a gastric emptying scan on 08/01/24, which was not completed due to R9 vomiting prior to the procedure. She stated when R9 returned to the facility, the scan needed to be rescheduled. LPN6 said she could not recall if she alerted the Medical Records staff to reschedule the test and notified the medical staff. LPN6 stated there was no documentation in the EMR or hard copy chart that the medical staff had been alerted, and the appointment was rescheduled.</p> <p>Review of R9's appointment log provided by the Medical Records person documented an appointment with the Gastroenterologist on 07/03/024 which was completed and an appointment at the hospital for a test on 08/01/24, which was completed.</p> <p>During an interview on 02/25/25 at 9:26 AM, the Medical Records person stated she receives information related to outside appointments for residents from the nurses. She stated when R9 refuses a test or consultation, the nurse notifies her, and she reschedules the appointment. She stated she scheduled R9's gastric emptying scan for 08/01/24. The Medical Records person stated she was not notified the gastric emptying test was not completed, assumed it was completed, and therefore, did not reschedule the appointment.</p> <p>During an interview on 02/26/25 at 11:32 AM, the Director of Nursing(DON) stated R9 had not had his/her gastric emptying scan completed. She stated there was a break in communication between the medical records person and nursing in rescheduling the scan. The DON stated her expectation was that consultations, scans, etc. were completed timely, and the Physician or Nurse Practitioner (NP) was to be notified if there were issues with the completion of consultations and/or procedures.</p> <p>During an interview on 02/25/25 at 10:10 AM, NP1 stated she was not aware R9 had not had the gastric emptying scan and that the scan had not been rescheduled NP1 stated her expectation was that if R9 did not go to a scheduled appointment and the appointment was not rescheduled, she was to be notified.</p> <p>NJAC 8:39-27.1(a)</p>		