

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315229	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/15/2024
NAME OF PROVIDER OR SUPPLIER Phoenix Center for Rehabilitation and Pediatrics		STREET ADDRESS, CITY, STATE, ZIP CODE 1433 Ringwood Ave Haskell, NJ 07420	

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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>48617</p> <p>Complaint# NJ00173746</p> <p>Based on interview, document review, and review of facility policy, the facility failed to ensure it reported the results of their findings for an injury of unknown origin to the State Survey Agency that ruled out abuse and neglect for 1 (Resident #2) of 3 sampled residents. This deficient practice is evidenced by the following</p> <p>According to the Admission Record (AR), Resident #2 was admitted to the facility with diagnoses which included but were not limited to: Cerebral Palsy, Disorders of Psychological Development, Hypothyroidism, and Aphasia.</p> <p>A review of the Resident #2 Physician Progress Notes (PPN), dated 05/08/2024 at 11:50, indicated Resident #2, was .Awake, alert, nonverbal, baseline. The PPN further revealed, Pt [resident] noted with discoloration to forehead and A/P [assessment/plan]: Head injury to frontal lobe of unknown cause without LOC [loss of consciousness] .</p> <p>A review of the document presented to the surveyor by facility staff revealed the following:</p> <p>Resident #2's Incident Report (IR) #1185 Skin Injury dated 05/08/24 at 12:01p.m., documented by Licensed Practical Nurse (LPN) #1, under Nursing Description: Resident has multiple discoloration on his forehead and headline and under Resident Description: Resident Unable to give Description. The IR further revealed under Notes and signed by Unit Manager Registered Nurse (UMRN) showed under the Summary of Incident: During AM [morning] care, [Resident #2] was found to multiple discolorations on his forehead. Conclusion: [Resident #2] is an alert, active child. He has history of rocking himself. He could have hit his forehead on a siderail, head board, or foot board. No substantiated evidence of abuse or neglect.</p> <p>The IR further revealed under Witnesses Statement on 5/8/2024 indicated [CNA #1] went into [Resident #2] room [#] at 8:30 am to do AM [morning] care and to get him ready for school .CNA#1 noticed knots and a small scrape on his [Resident #2] forehead .went to look for his nurse .and called the clinical manager [UMRN] to look at .</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 315229
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<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During the tour and interview with the surveyors on 05/15/24 at 9:40 a.m., the UMRN stated on 5/8/24 at around 8:10 to 8:15 a.m., CNA #1 called her/him to look at Resident #2. UMRN further stated she noted discoloration on his [Resident] forehead, dark bluish with a little abrasion, no bleeding. UMRN stated she investigated immediately. UMRN affirmed the incident was not witnessed and stated that Resident #2 had behavior of rocking back and forth and flailing of arms which were not new. According to UMRN, CNA#1 did not witness the incident and that [Resident #2] was aphasic [cannot talk] and cannot explained what happened.</p> <p>During an interview with the surveyors on 05/15/24 at 3:34 p.m. with the LNHA, DON, and ADON, LNHA stated DON and her/him were responsible for reporting all allegations of abuse, neglect, or misappropriation to the New Jersey (NJ) DOH. LNHA stated that she/he was aware of Resident #2's incident in the morning meeting. Both LNHA and DON asserted that incident was caused by Resident #2 behavior of rocking his [Resident #2] head back and forth. DON stated she/he was aware of the child [Resident #2] behavior. LNHA affirmed that Resident #2's incident was not witnessed, Resident #2 was nonverbal, no staff could explain what happened, and there was injury to the Resident. The facility was unable to provide further explanation.</p> <p>A review of the facility's policy titled Abuse Prevention, revised 01/2024 indicated under REPORTING: In response to allegations of abuse .the facility must ensure that: All allegations of abuse must be immediately reported to the Director of Nursing and or Administrator and no later than 2 hours to other officials (including to the State Survey Agency) after the allegation is made, if the event that caused the allegation involve abuse or result in a serious bodily injury. The alleged violations must be reported no later than 24 hours to the State Survey Agency if the events that caused the allegation do not involve abuse and do not result in serious bodily injury.</p> <p>NJAC 8:39-9.4(f)</p>		