

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315316	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/30/2024
NAME OF PROVIDER OR SUPPLIER Complete Care at Brakeley Park, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 290 Red School Lane Phillipsburg, NJ 08865	

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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p>51144</p> <p>Complaint: NJ00176533</p> <p>Based on observation, interviews, record review, and review of other pertinent facility documents, it was determined that the facility failed to obtain appropriate physician's orders (POs) for WanderGaurd (WG) (a small, wearable device designed to alert caregivers and/or restrict access when residents have wandered beyond a designated area), follow the facility's policy titled Physician Orders, and follow the facility's Nurse Manager job description for 1 of 2 residents (Resident #1) reviewed for standards of clinical practice. This deficient practice was evidenced by the following:</p> <p>Reference: New Jersey Statutes, Annotated Title 45, Chapter 11. Nursing Board. The Nurse Practice Act for the state of New Jersey states: The practice of nursing as a registered professional nurse is defined as diagnosing and treating human responses to actual or potential physical and emotional health problems, through such services as case finding, health teaching, health counseling and provision of care supportive to or restorative of life and wellbeing, and executing medical regimes as prescribed by a licensed or otherwise legally authorized physician or dentist.</p> <p>Reference: New Jersey Statutes, Annotated Title 45, Chapter 11. Nursing Board. The Nurse Practice Act for the state of New Jersey states: The practice of nursing as a licensed practical nurse is defined as performing tasks and responsibilities within the framework of case finding, reinforcing the patient and family teaching program through health teaching, health counseling and provision of supportive and restorative care, under the direction of a registered nurse or licensed or otherwise legally authorized physician or dentist.</p> <p>The surveyor reviewed Resident #1's medical record on 8/29/2024 and 8/30/2024. Resident #1's Admission Record reflected that the resident was admitted to the facility with diagnoses that included but were not limited to Alzheimer's Disease with late onset; Major Depressive Disorder, recurrent, severe with psychotic symptoms; and Anxiety Disorder, unspecified.</p> <p>Review of Resident #1's Care Plan (CP) revealed a Focus that Resident #1 was at risk for elopement because the resident made statements about leaving and going home. This CP focus was initiated on 4/7/2024. Resident #1's CP listed Interventions which included pt has wandergaurd initiated on 4/7/2024 and revised on 8/24/2024.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315316	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/30/2024
NAME OF PROVIDER OR SUPPLIER Complete Care at Brakeley Park, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 290 Red School Lane Phillipsburg, NJ 08865	
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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>The most recent Minimum Data Set (MDS) an assessment tool used to facilitate the management of care dated 8/7/2024, reflected that the resident had a Brief Interview for Mental Status (BIMS) score of 2 out of 15. This indicated that the resident had severely impaired cognition (significant trouble with cognitive tasks, and likely needed extensive help to navigate daily life).</p> <p>A review of the Order Summary Report (OSR) for Active orders as of 08/30/2024 reflected a PO with an order date of 8/25/2024 for Wander Gaurd/Wander Elopement Device due to poor safety awareness . Check placement and function of wander guard every shift.</p> <p>Review of the Medication Administration Record (MAR) for Resident #1 revealed orders for checks of WG placement and function were initiated on 8/22/2024 and discontinued on 08/25/2024. The MAR reflected new orders for checks of WG placement and function every shift with an order date of 8/25/2024 at 9:38 A.M. Review of Resident #1's MARs for April, May, June, and July of 2024 revealed no orders for checks of WG placement and function.</p> <p>On 8/29/2024 at 10:47 A.M., an interview was conducted with the Unit Manager (UM) of the second floor. The UM stated that checks of WG function and placement were performed by nurses every shift and these checks were documented on the MAR. The UM stated that Resident #1 had not eloped before but had exhibited exit-seeking behavior, which was the reason Resident#1 had a WG. In an interview conducted at 10:20 A.M. on 8/30/2024 the UM stated that a PO should have been obtained for checks of WG function and placement when the resident was identified as an elopement risk. The UM verified that no PO was obtained for WG placement or function checks prior to 8/22/2024 for Resident #1. The UM confirmed that UMs were responsible for verifying that appropriate POs were in place and reflected on the MARs.</p> <p>On 8/30/2024 an interview was conducted with the Regional Nurse (RN). The RN stated that elopement assessments/evaluations were completed for each resident on admission and more frequently as needed. The RN stated that it was the responsibility of the Director of Nursing (DON) or the UM to ensure that physician orders were obtained for WG. The RN confirmed that there were no POs or documentation of WG function or placement for Resident #1 prior to 8/22/2024.</p> <p>Review of the facility's Job Description/Competency/Evaluation document for Nurse Manager revealed the following under the document section titled Specific Job Function: Inform the Director when physician and responsible party when there is a change in the resident's condition, Review nurses' notes to ensure that they are informative and descriptive of the nursing care being provided, and Encourage attending physicians to record and sign progress notes, physicians' orders, etc., on a timely basis and in accordance with current regulations.</p> <p>NJAC 8:39-27.1(a)</p>		