

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  315348	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/25/2024
NAME OF PROVIDER OR SUPPLIER  Health Center at Bloomingdale		STREET ADDRESS, CITY, STATE, ZIP CODE  255 Union Ave Bloomingdale, NJ 07403	

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 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe, appropriate dialysis care/services for a resident who requires such services.</p> <p>40823</p> <p>COMPLAINT # NJ00172263</p> <p>Based on interview, record review, and review of other pertinent facility documents on 3/25/24, it was determined that the facility failed to consistently complete the dialysis communication form and maintain a residents dialysis communication record. This deficient practice was identified for 1 of 3 residents (Resident #1) reviewed for dialysis.</p> <p>This deficient practice is evidenced by the following:</p> <p>1. According to the facility ADMISSION RECORD Resident #1 was admitted with diagnosis that included but were not limited to: End Stage Renal Disease.</p> <p>The Minimum Data Set (MDS) an assessment tool dated 9/15/23, Resident #1's cognitions were intact and required assistance during Activities of Daily Living (ADL).</p> <p>The care plan (CP), undated, revealed that Resident #1 had Seizure Disorder and Dysphagia. Interventions included but were not limited to the Resident attend dialysis three times a week on Tuesday, Thursday, and Saturday</p> <p>The surveyor reviewed Resident #1's Dialysis Communication Binder (DCB) on 3/25/24 at 10:31 AM. The DCB reflected forms titled Resident Facility + Dialysis Center Information Exchange (RFDCI), dated 11/2/23, 11/7/23, 11/11/23, 12/2/23, 12/26/23, 1/2/24, 1/6/24, 1/9/24, 1/18/24, 1/23/24, 1/25/24, 1/30/24, 2/1/24, 2/8/24, 2/13/24, 2/20/24, 2/22/24, and 2/27/24. the DCB did not have the following RFDCI for the following dates 11/4/23, 11/9/23, 11/14/23, 11/16/23, 11/18/23, 11/21/23, 11/25/23, 11/28/23, 11/30/23, 12/5/23, 12/9/23, 12/12/23, 12/14/23, 12/16/23, 12/19/23, 12/21/23, 12/23/23, 12/28/23, 12/30/23, 1/4/24, 1/6/24, 1/11/24, 1/13/24, 1/16/24, 1/20/24, 1/27/24, 2/3/24, 2/6/24, 2/10/24, 2/15/24, 2/24/24, and 2/29/24.</p> <p>The facility was unable to provide documentation that Resident's condition on the abovementioned dates were communicated to the Dialysis Center (DC).</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 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During the interview with the surveyor on 3/25/24 at 4:16 PM, the Director of Nursing (DON) stated that during the Dialysis days, the nurse had to complete the RFDCI (a communication tool between the facility and the Dialysis Center) to be given to the Transportation driver (TD), the TD gives the DCB to the DC. The DON further stated that when the resident comes back from the DC, the Nurse would review the RFDCI. The DON added, if there are no communication form, the nurses are expected to call the DC and the DC had to fax the form to the facility. The DON was unable to explain the missing RFDCI in Resident #1's DCB. The DON acknowledged that some of the RFDCI were incomplete.</p> <p>A review of the facility policy titled End-Stage Renal Disease, Care of a Resident with, dated 9/2023, indicated under Policy Statement Residents with end-stage renal disease (ESRD) will be cared for according to currently recognized standards of care .4 .How information will be exchanged between the facilities .</p> <p>A review of the facility policy titled Dialysis Patients - Hemodialysis (outside), undated, indicated Each resident assigned to an HD center will have a binder assigned to go take to dialysis with the dialysis form completed by the nurse (center) .The dialysis center is to complete the lower portion of the form upon return to the center from the HD center. If the form is incomplete from the HD Center, the nurse assigned will reach out to the HD Center to communicate the need to have the information to center .</p> <p>NJAC 8:39-27.1(a)</p>		