

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  315367	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/26/2024
NAME OF PROVIDER OR SUPPLIER  Regency Heritage Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  380 Demott Lane Somerset, NJ 08873	

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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 40902</p> <p>Based on record review, interview and policy review, the facility failed to notify the resident's responsible party regarding a new diagnosis of pneumonia and a change in antibiotic for one (Residents (R) 434) of three resident reviewed for change in condition.</p> <p>Findings include:</p> <p>Review of R434's Admission Record, located in the Profile tab of the electronic medical record (EMR) revealed admission to the facility on [DATE] with diagnosis including pneumonia.</p> <p>Review of R434's quarterly Minimum Data Set (MDS) assessment under the MDS tab of the EMR, with an Assessment Reference Date (ARD) of 04/02/23, revealed a Brief Interview for Mental Status (BIMS), score of three out of 15 which indicated severe cognitive impairment.</p> <p>Review of R434's Care Plan, located under the Care Plan tab of the EMR and dated 04/07/23, revealed The resident was care planned for presence of infection, pneumonia. Interventions in place were to note any abnormalities in the color/character of sputum, assess for local systematic signs or symptoms of infection and monitor temperature.</p> <p>Review of Physician Orders, dated 04/04/23 in the EMR under the Orders tab revealed, Augmentin 875 milligram (mg) oral tablet by mouth twice a day.</p> <p>Review of a Nurses Notes, in the EMR, under the Resident Services tab by Licensed Practical Nurse (LPN) 2 dated 04/05/23 indicated, results of chest x-ray left lower lobe infiltrate and small left pleural effusion.</p> <p>Review of a Nurses Notes, in the EMR, under the Resident Services tab by LPN2 dated 04/05/23 indicated, received call from pharmacy stating that resident has an allergy to Penicillin and should not be taking Augmentin. A call was made to the physician and order was received to discontinue Augmentin and to start resident on Azithromycin 500 mg now and 250 mg by mouth for five days.</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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 04/25/24 at 11:13 AM, LPN2 said as soon as staff identified anything different in a resident's condition, they were to notify the family. They would be expected to notify the family after a resident was diagnosed with pneumonia or after any change in a resident's medication. That should be documented in a nurse progress note. She said she remembered R434 had chest x-ray but could not remember anything specific. After reviewing the progress note dated 04/04/23 she remembered there was a cousin who was R434's responsible party (RP) and she said she tried to call the cousin but there was no answer, so she just left a message to call back. She said she never spoke with the RP. She said she should have documented that attempt it in progress note. She also said she tried to call the RP after there was a change in the antibiotics that R434 was prescribed but she did not document that either but should have. She said there was no documentation to show she tried to inform the RP about the residents change in condition.</p> <p>During an interview on 04/26/24 at 12:50 PM, the Director of Nursing (DON) said staff should make sure the family was notified within 24 hours after a resident's change in condition and it should be documented in the nurse's notes. The DON stated that there was no documentation in the EMR that the family was made aware of the pneumonia or the change in antibiotic medication.</p> <p>Review of the facility's policy titled Notification of change in Patient's Status updated 07/20/2023 revealed to keep the responsible party fully aware of a resident's status. It will be the policy for the facility to notify the following when there is a significant change in a patient's physical status. Family or Power of Attorney (POA) will be notified of any changes in a resident's physical status. Proper documentation will be entered on the residents' chart. Notification to family will be done within 24 hours from the time of condition of change.</p> <p>NJAC 8:39-13.1(C)</p>		

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<p>F 0645</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>PASARR screening for Mental disorders or Intellectual Disabilities</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 36917</p> <p>37283</p> <p>40902</p> <p>Based on record review and staff interview, the facility failed to ensure that an accurate Preadmission Screening and Resident Review (PASARR) Level I assessment was completed after admission for three (Resident (R)154, R61 and R84) out of 12 residents reviewed for PASARR I.</p> <p>Findings include:</p> <p>1. Review of R154's Admission Record, located in the Resident Information tab of the electronic medical record (EMR) revealed admission to the facility on [DATE] and a readmission on 04/22/24 with diagnoses including unspecified psychosis, anxiety disorder and Bipolar disorder.</p> <p>Review of R154's PASARR I located under the Resident Documents tab in the EMR and dated 05/31/23 did not indicate any mental illness diagnosis.</p> <p>Review of R154's Diagnosis List, located under the Medical Diagnosis tab of the EMR and dated 04/22/24, revealed diagnoses of unspecified psychosis, anxiety disorder, depression, and bipolar disorder.</p> <p>During an interview on 04/25/24 at 2:21 PM, the Admissions Director (ADD) stated that it was her responsibility to review the PASARR level 1 and ensure it was completed accurately. She said she had all the resident's medical records information on admission to know what information should be on the PASARR I. She was aware that R154 had several mental illnesses diagnoses but she did not complete another PASARR level I since she did not think R154 would have screened positive for a level II. She did think another PASARR level I needed to be completed with all the correct mental illness information.</p> <p>During an interview on 04/26/24 at 12:46 PM the Director of Nursing (DON) stated any mental illness diagnosis should be listed on the PASARR I.</p> <p>2. Review of R61's Admission Record located in the EMR under the Resident Information tab indicated admitted [DATE]. Review of R61's Diagnosis List, located under the Medical Diagnosis tab of the EMR revealed diagnosis of Schizophrenia.</p> <p>Review of R61's PASARR Level I Screen dated 03/24/23 located under the Resident Documents tab in the EMR indicated no mental illness and did not list a diagnosis of Schizophrenia.</p> <p>Interview on 04/25/24 at 02:12 PM, the ADD stated that the PASARR Level I screen is required for each admission from the hospital and should be reviewed for accuracy by the admissions coordinator.</p> <p>3. Review of R84's Face Sheet located in the electronic medical record (EMR), resident's information tab, revealed an initial admitted [DATE] with diagnoses of bipolar disorder and Schizophrenia.</p> <p>(continued on next page)</p>		

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<p>F 0645</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of R84's PASARR located under the Resident Documents tab in the EMR revealed the document did not indicate a date. In addition, the document did not identify R84's diagnoses of bipolar disorder and Schizophrenia.</p> <p>During an interview with the DON on 04/26/24 at 12:46 PM, she stated the ADD would be responsible for completing the PASARR I and ensuring the document was accurate on admission of a resident to the facility. She stated that the ADD would be responsible for checking all of the residents' PASARR I for accuracy.</p> <p>NJAC 8:39-5.1(a)</p>		