

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315396	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/19/2024
NAME OF PROVIDER OR SUPPLIER Preferred Care at Cumberland		STREET ADDRESS, CITY, STATE, ZIP CODE 154 Sunny Slope Drive Bridgeton, NJ 08302	

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 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>51144</p> <p>Complaint #: NJ175824</p> <p>Based on interviews, medical record review, and review of other pertinent facility documents on 08/19/2024, it was determined that the facility staff failed to consistently document in the Documentation Survey Report (DSR) the Activities of Daily Living (ADL) status and follow the Certified Nursing Aide (CNA) job description and follow its policy titled Documentation in Medical Record for 1 of 3 residents (Resident #2) reviewed for documentation. This deficient practice was evidenced by the following:</p> <p>According to the Admission Record (AR), Resident #2 was admitted to the facility with diagnoses that included but were not limited to Other Forms of Acute Ischemic Heart Disease, and Pressure Ulcer of Sacral Region Stage 2.</p> <p>The Minimum Data Set (MDS) an assessment tool used to facilitate the management of care dated 08/31/2023 revealed that Resident #2 had diagnoses that included but were not limited to Non-Alzheimer's Dementia.</p> <p>The MDS revealed that Resident #2 had a Brief Interview for Mental Status (BIMS) score of 0 out of 15, which indicated severe cognitive impairment. Resident #2's Cognitive Skills for Daily Decision Making were found to be severely impaired. The MDS also indicated that Resident #2 required extensive assistance and weight bearing support with bed mobility.</p> <p>Review of Resident #2's Care Plan (CP) revealed a Focus, initiated on 08/25/2023, that Resident #2 had actual skin impairment related to physical immobility.</p> <p>Review of Resident #2's Documentation Survey Report v2 (DSR) for August, September, and October 2023 showed the following:</p> <p>On the 7:00 A.M. to 3:00 P.M. shift, there was no documentation for Turning & Repositioning for a total of 11 days: On 08/26/2023 through 8/28/2023, 09/01/2023, 09/15/2023, 09/19/2023, 09/24/2023, 09/28/2023, 10/04/2023, 10/10/2023, and 10/11/2023.</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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NAME OF PROVIDER OR SUPPLIER Preferred Care at Cumberland		STREET ADDRESS, CITY, STATE, ZIP CODE 154 Sunny Slope Drive Bridgeton, NJ 08302	
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>On the 3:00 P.M. to 11:00 P.M. shift, there was no documentation for Turning & Repositioning for a total of 17 days: On 08/26/2023 through 08/29/2023, 09/01/2023, 09/04/2023 through 09/06/2023, 09/17/2023, 09/23/2023, 09/24/2023, 09/27/2023, 10/01/2023, 10/04/2023, 10/05/2023, 10/09/2023, and 10/10/2023.</p> <p>On the 11:00 P.M. to 7:00 A.M. shift, there was no documentation for Turning & Repositioning for a total of 23 days: On 08/24/2023 through 08/30/2023, 09/02/2023 through 09/04/2023, 09/08/2023, 09/11/2023 through 09/13/2023, 09/17/2023, 09/18/2023, 09/21/2023, 09/22/2023, 09/26/2023, 10/02/2023, 10/03/2023, 10/06/2023, and 10/10/2023.</p> <p>Review of Resident #2's Progress Notes revealed no documentation that Resident #2 was turned and repositioned during the aforementioned shifts. Review of Resident #2's Progress notes revealed no documentation that Resident #2 refused turning and positioning during the aforementioned shifts.</p> <p>During an interview at 2:25 P.M. on 08/19/2024, a CNA stated that CNAs were responsible for turning and repositioning and for documenting what care was done in the electronic system. The CNA further stated that changes of position were provided every two hours unless a resident refused position change. The CNA stated that if residents refused turning, she would check back with them in 30 minutes. The CNA confirmed the presence of blanks on the DSR and stated that blank spaces may be due to staff forgetting to document, or not having time to document the care that was provided. The CNA confirmed that the expectation was that there should have been no blank spaces in DSR documentation.</p> <p>In an interview at 2:30 P.M. on 8/19/2024, the Assistant Director of Nursing (ADON) reported that turning and positioning was done by CNAs according to the turning and positioning schedule located on the units. The ADON reported that Nurses and Unit Managers were responsible for ensuring that turning and positioning was done and documented. The ADON stated that it was her expectation that there were no blanks in documentation. ADON confirmed the presence of blanks in Resident #2's DSR for August, September, and October 2023. The ADON stated that blank spaces in the DSR can indicate that the care was not performed, or that care may have been provided but not documented.</p> <p>Review of the facility's job description document for the position Certified Nurse Aide revealed that the following Duties/Responsibilities were described as essential functions of the job: turn bedridden residents every two (2) hours or sooner as indicated, and records all entries on flow sheets or Point of Care/Care Tracker in an informative and descriptive manner.</p> <p>Review of the facility policy titled, Documentation in Medical Record with a last revised date of September 2023 indicated that Documentation shall be completed in a timely manner. This policy further stated that documentation shall be accurate, relevant and complete, containing sufficient details about the resident's care and/or responses to care.</p> <p>NJAC 8:39-35.2(f)</p>		