

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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Form Approved OMB
No. 0938-0391

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 06/15/2026
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)		
F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. Based on interviews and review of facility documentation on 6/10/26 and 6/15/26, it was determined that the facility failed to maintain a resident's medical information confidential in accordance with standards. This deficient practice was identified for 1 of 7 residents reviewed (Resident #7), and was evidenced by the following: a.) A review of the admission Record (AR) revealed that Resident #1 was admitted to the facility with diagnoses that included but were not limited to: acute osteomyelitis, type II diabetes, and memory deficit following cerebral infarction. A review of facility documented grievance records revealed a grievance dated 5/13/26 for Resident #1, which was completed by the Licensed Nursing Home Administrator (LNHA) following a phone notification by third party provider. The grievance revealed that another resident's AR was sent with Resident #1's medical information. b.) A review of the AR revealed that Resident #7 was the resident whose medical and personal information was sent with Resident #1 to a third party facility appointment. Further review revealed that Resident #7 was admitted to the facility with diagnoses that included but were not limited to: metabolic encephalopathy, type II diabetes, and atrial fibrillation (irregular heart rhythm). A review of facility documented grievance records revealed a grievance dated 5/13/26 for Resident #7, completed by the LNHA after receiving a phone call from a third party provider. The grievance revealed that Resident #7's AR was sent with Resident #1's medical information to an appointment. A joint interview was conducted on 6/10/26 at 5:15 PM with the Director of Nursing (DON), the Regional DON (RDON) and the LNHA. The LNHA stated that he received a call from Resident #1's provider who informed him that Resident #7's AR was mixed in with Resident #1's paperwork. LNHA stated that he completed a grievance form and investigated the incident. He further stated that the facility determined that a new Unit Clerk who was being trained by the Medical Record staff, had erroneously mixed up Resident #7's document with those of Resident #1. During a follow-up interview on 6/15/26 at 3:38 PM, the LNHA acknowledged that an error occurred and that the wrong paperwork was sent with Resident #1 to a third party facility. He stated that the facility took residents' privacy seriously and that all staff were re-educated on the importance of keeping residents medical record confidential. A review of the facility's Health Insurance Portability and Accountability Act (HIPPA) policy, revised on 6/1/26, revealed that the facility would maintain residents' confidentiality and that they would safeguard all written documentation. N.J.A.C. 8:39-27.1(a)		

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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