

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  315429	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/26/2024
NAME OF PROVIDER OR SUPPLIER  Clover Rest Home		STREET ADDRESS, CITY, STATE, ZIP CODE 28 Washington Street Columbia, NJ 07832	

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 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives an accurate assessment.</p> <p>46049</p> <p>Based on observation, interview, and record review it was determined that the facility failed to accurately code the Minimum Data Set (MDS), an assessment tool used to facilitate the management of care, in accordance with Federal guidelines for 1 of 15 residents, Resident #8 reviewed for accuracy for MDS coding.</p> <p>This deficient practice was evidenced by the following:</p> <p>On 1/22/24 at 11:41 AM, the surveyor observed Resident #8 sitting in a wheelchair with other residents in the day room for recreational activity. The resident was resting in the wheelchair with there eyes closed. There was no urinary catheter observed.</p> <p>On 1/24/24 at 9:40 AM, the surveyor reviewed the electronic and paper medical record for Resident #8.</p> <p>An Admission Record (a summary of important information about the resident) documented the resident had diagnoses that included but were not limited to, right sided weakness following cerebral infarction (stroke), vascular dementia, anxiety disorder, urinary tract infections, hydronephrosis with renal and ureteral calculous obstruction, and overactive bladder.</p> <p>A review of a Quarterly MDS assessment, dated 11/27/23, Resident #8 was documented as rarely/never understood and the resident was unable to complete a Brief Interview for Mental Status (BIMS). In Section H (Bladder and Bowel) of the MDS, under H0100. Appliances, Resident #8 was coded as having an indwelling catheter (including suprapubic catheter and nephrostomy tube).</p> <p>A review of the Order Summary Report for Resident #8 revealed there were no physcian orders for indwelling catheters.</p> <p>On 1/24/24 at 12:40 PM, the surveyor interviewed a Registered Nurse (RN) who cared for Resident #8 about the resident having a catheter. The RN stated the resident previously had a nephrostomy (small tube that helps drain urine) from your kidney. The RN reviewed Resident #8's medical record and explained the resident last had a nephrostomy in March 2022 which was removed in May 2022. The RN stated the resident did not have a nephrostomy tube or other indwelling catheter since that time.</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 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 1/24/24 at 12:56 PM, the surveyor interviewed the Director of Nursing (DON) about the above concerns. The DON confirmed that Resident #8 previously had a nephrostomy and did not have an indwelling catheter at the time of the MDS assessment. The DON stated she would review the resident's medical records and follow up with the MDS coordinator who was currently not on-site at the facility.</p> <p>On 1/24/24 at 1:21 PM, the DON informed the surveyor that she spoke to the MDS coordinator and acknowledged that the resident should not have been coded for an indwelling catheter. The DON further stated it was a data entry error by the MDS coordinator and the MDS assessment would be modified.</p> <p>On 1/24/24 at 2:30 PM, the surveyor informed the Licensed Nursing Home Administrator (LNHA) and DON about the above concerns. The DON and LNHA acknowledged MDS assessments should be coded accurately. No further information was provided.</p> <p>NJAC 8:39-33.2 (d)</p>		

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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p>39399</p> <p>Based on observation, interview, and review of medical records, it was determined that the facility failed to follow professional standards of practice by a.) not acquiring physician's order (PO) for the administration of Oxygen, b.) not administering the medication as ordered by the Physician and c.) by not following the facility's policy for (Peripherally Inserted Central Catheter) PICC line medication administration. This deficient practice was observed for 1 of 15 residents reviewed, Resident #19, Resident #5 and Resident #127 as 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 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>1. On 1/22/24 at 11:35 AM, the surveyor observed Resident #19 lying on the bed in the resident's room. The surveyor inspected the Oxygen tubing dated 1/21/24 and the Oxygen concentrator which was set at 2 liter(L)/minute (min.)</p> <p>On 1/23/24 at 8:40 AM, the surveyor observed Resident #19 awake, lying on bed. The surveyor inspected the Oxygen concentrator which was set at 2L/min. The oxygen was delivered continuously via nasal canula.</p> <p>The surveyor reviewed Resident #19's hybrid medical records. The admission record (AR) reflected that Resident #19 was admitted to the facility with medical diagnoses which included but was not limited to Fracture of Upper End of right tibia; Hyperlipidemia; Chronic Obstructive Pulmonary Disease; and Hypertension.</p> <p>A review of the Admission Minimum Data Set (A/MDS), an assessment tool used to facilitate the management of care, dated 12/3/2023 reflected that the resident had a Brief Interview for Mental Status (BIMS) score of 14 out of 15 indicating that the resident was cognitively intact.</p> <p>On 1/24/24 at 10:50 AM, the surveyor interviewed the Licensed Practical Nurse #1 (LPN #1) assigned to Resident #19 who stated that for any resident who was on oxygen, it must be documented in the electronic treatment administration record. The surveyor interviewed the facility's Director of Nursing (DON) who stated that there was no Physician's Order (PO) for Resident #19's continuous use of oxygen.</p> <p>A review of the facility's Policy and Procedure titled, Oxygen Administration reflected under preparation, 1. Verify that there is a physician's order for this procedure. Review the physician's orders or facility protocol for oxygen administration.</p> <p>On 1/24/24 at 2:50 PM, the surveyor met with the facility's Licensed Nursing Home Administrator and DON. The DON acknowledged that there was no PO for Resident #19 who was on continuous oxygen.</p> <p>(continued on next page)</p>		

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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>2. On 1/23/24 at 8:40 AM, the surveyor observed LPN #2 administer medication to Resident #5. The surveyor observed LPN #2 dispensed 2 tablets from a bottle labeled, Cranberry 500 mg + Vitamin C 200mg.</p> <p>The surveyor reviewed Resident #5's hybrid medical records. The AR reflected that Resident #5 was admitted to the facility with medical diagnoses which included but was not limited to XXXXXXXXXXXXXXXXXXXXX.</p> <p>The resident had a current PO which reflected in the January 2024 electronic Medication Administration Record for Cranberry Oral Tablet 500 milligrams (mg) give 2 tablet by mouth one time a day for UTI prevention with an order date of 1/2/24.</p> <p>The surveyor observed LPN #2 dispensed 2 tablets from a bottle with a label indicating, Cranberry 500 mg + Vitamin C 200mg.</p> <p>On 1/23/24 at 10:05 AM, the surveyor interviewed LPN #2 who acknowledged that the medication she administered did not match the current PO for Resident #5. No further information was provided.</p> <p>3. On 1/22/24 at 11:50 AM, the surveyor observed Resident #127 lying on the bed in the resident's room.</p> <p>The surveyor reviewed Resident #127's hybrid medical records. The AR reflected that Resident #127 was admitted to the facility with medical diagnoses which included but were not limited to Acute Osteomyelitis, Pressure Ulcer of left heel; Type 2 Diabetes Mellitus and Hyperlipidemia.</p> <p>A review of the A/MDS, an assessment tool used to facilitate the management of care, dated 1/25/24 reflected that the resident had BIMS score of 14 out of 15 indicating that the resident was cognitively intact.</p> <p>A review of the progress notes dated 1/18/2024 which documented that Resident #127 had an intact left arm PICC line patent for intravenous (IV) antibiotics.</p> <p>A review of the electronic Medication Administration Record (eMAR) reflected a PO dated 1/18/2024 for Ceftriaxone Sodium Injection Solution Reconstituted 1 gram (GM). Use 1 GM intravenously one time a day for wound care for 4 days. The medication was administered by LPN #2 as reflected in the eMAR. Further review of the eMAR reflected a PO dated 1/18/24 to, Flush IV with 10 milliliter (ml) and 5 ml heparin every night shift for 8 days. The medication was administered from January 18, 2024 through January 23, 2024 by a LPN.</p> <p>The surveyor reviewed the facility's policy and procedure titled, PICC Medication Administration Policy with a review date of 7/7/23 which reflected under Policy, The catheter must be flushed after each use by an Registered Nurse (RN) only.</p> <p>Further review of the policy indicated, Note: Only RN's with IV certification can access a PICC line, infuse medications, care for and maintain it. However, an LPN can prepare IV medication, spike and hang the medication on the pole, but will not connect it to PICC.</p> <p>(continued on next page)</p>		

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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The surveyor interviewed the facility's DON who confirmed that the LPNs who administered the IV medication through the PICC line were not IV certified.</p> <p>On 1/24/24 at 2:50 PM, the surveyor met with the facility's Licensed Nursing Home Administrator and DON. The DON agreed that the medication should not have been administered by a non IV certified LPN.</p> <p>NJAC 8:39- 29.2 (d)</p>		

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<p>F 0727</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis.</p> <p>44605</p> <p>Complaint NJ #: 163054</p> <p>Based on interview and review of the Nurse Staffing Report it was determined that the facility failed to ensure that a required Registered Nurse (RN) was present at the facility 7 days a week for at least 8 consecutive hours a day for 4 of 14 days reviewed.</p> <p>This deficient practice was evidenced by the following:</p> <p>Per the Interpretive Guidance S483.35(b) Facilities are responsible for ensuring they have an RN providing services at least 8 consecutive hours a day, 7 days a week. However, per Facility Assessment requirements at F838, S483.70(e), facilities are expected to identify when they may require the services of an RN for more than 8 hours a day based on the acuity level of the resident population. If it is determined the services of an RN are required for more than 8 hours a day. Facilities may choose to have differing tours of duty (e.g. 8 hour- or 12-hour shifts) for their licensed nursing staff. Regardless of the approach, the facility is responsible for ensuring the 8 hours worked by the RN are consecutive within each 24-hour period.</p> <p>Review of the Nurse Staffing Report completed by the facility for the week of 3/12/23 to 3/25/23 revealed the facility had no RN coverage on any shift for the following days: 3/12/23, 3/18/23, and 3/19/23.</p> <p>Review of the Nurse Staffing Report completed by the facility for the week of 1/14/24 to 1/20/24 revealed the facility had no RN coverage on any shift for 1/15/24.</p> <p>On 1/24/24 at 2:15 PM, during an interview with the surveyors, the Director of Nursing (DON) agreed that there should be a RN in the facility daily for 8 consecutive hours. The DON stated that she was previously the only RN employed by the facility. No further information was provided.</p> <p>NJAC 8:39-25.2(h)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>44605</p> <p>Based on observation, interview, and review of facility policies, it was determined that the facility failed to maintain proper kitchen sanitation practices to prevent food borne illness.</p> <p>This deficient practice was observed and evidenced by the following:</p> <p>On 1/22/24 at 9:10 AM, the surveyor in the presence of the Food Service Director (FSD), observed the following during the kitchen tour:</p> <ol style="list-style-type: none"> <li>1. In the food preparation area, the surveyor observed the microwave with a white and yellowish debris throughout the microwave.</li> <li>2. Next to the refrigerator/freezer the surveyor observed an Air Condition (AC #1) unit with a heavy buildup of a brown colored dust-like debris on the air outlet grill of the AC.</li> <li>3. Above the 3 compartment sink, the surveyor observed AC #2 with a heavy buildup of a brown colored dust-like debris on the air outlet grill of the AC.</li> </ol> <p>The FSD explained that the debris in the microwave was from the weekend staff, unable to state why nobody had cleaned the microwave.</p> <p>The FSD revealed that the microwave should be cleaned after each meal and/or when visibly soiled.</p> <p>The FSD verified that the maintenance department is responsible for maintaining and cleaning the AC units.</p> <p>On 1/22/24 at 10:30 AM, the surveyor interviewed the Maintenance Director (MD) who stated that cleaning should be performed monthly but did not have a documented schedule. The MD revealed that the ACs were cleaned last month but could not provide any documented proof that this occurred.</p> <p>On 1/24/24 at 9:55 AM, the FSD provided the surveyor with a facility policy titled, Clover Rest Home Sanitation of Small Equipment, no created or revised date noted. Under the policy section it states, Small equipment will be cleaned and sanitized as needed to maintain good sanitation and prevent foodborne illness. Under the procedure section of the policy it states, Nonfood contact surfaces will be cleaned &amp; wiped with a sanitizing solution .Microwave will be cleaned as needed, a minimum of once daily. Inside and outside will be cleaned &amp; wiped with a sanitizing solution.</p> <p>On 1/24/24 at 2:15 PM, the survey team met with the Licensed Nursing Home Administrator (LNHA) and Director of Nursing (DON). The LNHA acknowledged that all equipment in the kitchen should be cleaned and sanitized when visibly soiled. No further information was provided.</p> <p>NJAC 8:39-17.2(g)</p>		

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<p>F 0912</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide rooms that are at least 80 square feet per resident in multiple rooms and 100 square feet for single resident rooms.</p> <p>21428</p> <p>Based on observations and interview on 01/25/2024 and 01/26/2024, it was determined that the facility failed to provide at least 80-square feet per Resident bed in multi-bedded rooms or 100-square feet in a single bedded room as evidenced by the following:</p> <p>On 01/25/2024 during the survey entrance at approximately 10:01 AM, a request was made to the Administrator and Director of Maintenance (DOM) to provide a copy of the facility lay-out which identifies the various rooms and smoke compartments in the facility.</p> <p>A review of the facility provided lay-out identified the facility is a three-story (3) building with a basement. There are eighteen (18) Resident sleeping rooms and common areas on the first floor.</p> <p>Starting on 01/25/2024 at approximately 10:40 AM, in the presence of the facility's DOM, the surveyor observed, measured and recorded the following Resident rooms:</p> <p>A-Wing Resident rooms:</p> <p>A-1 measured 61 square feet per resident bed</p> <p>A-2 measured 91.54 square feet per single bedded room</p> <p>A-3 measured 63.5 square feet per resident bed</p> <p>A-4 measured 47.5 square feet per resident bed</p> <p>B-Wing Resident rooms</p> <p>B-1 measured 75.7 square feet per resident bed</p> <p>B-2 measured 74.57 square feet per resident bed</p> <p>B-3 measured 73.2 square feet per resident bed</p> <p>B-4 measured 72.7 square feet per resident bed</p> <p>B-5 measured 63.85 square feet per resident bed</p> <p>B-6 measured 58.23 square feet per resident bed</p> <p>B-7 measured 58.35 square feet per resident bed</p> <p>B-8 measured 58.6 square feet per resident bed</p> <p>The facility's DOM confirmed the findings at the times of inspection.</p> <p>(continued on next page)</p>

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<p>F 0912</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>The Administrator (via telephone) and DOM was informed of the deficiency during the Life Safety Code survey exit on 01/26/2024 at approximately 12:05 PM.</p> <p>NJAC 8:39 -31.2</p>