

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315433	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/11/2024
NAME OF PROVIDER OR SUPPLIER Country Arch Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 114 Pittstown Road Pittstown, NJ 08867	

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>49509</p> <p>Complaint# NJ00172367</p> <p>Based on interviews, record review, and review of other pertinent facility documentation on 06/12/24, it was determined that the facility failed to maintain a complete Medical Record (MR) which contained the New Jersey Universal Transfer Form (NJUTF) for a resident who was sent out to the Hospital. This deficient practice was identified for one resident (Resident #3), and was evidenced by the following:</p> <p>According to the Admission Record, Resident #3 was admitted to the facility with diagnoses which included but were not limited to: Dementia, Transient Cerebral Ischemic Attack, Muscle Weakness</p> <p>A review of the Resident #3's Progress Notes (PN) revealed that on 03/21/2024 at 12:53 A.M, Registered Nurse (RN) documented that Resident #3 needed to be sent out to the hospital for an injury near the right eye area.</p> <p>A further review of the Resident #3's PN, dated 03/21/2024 at 5:53A.M. and documented by LPN, revealed as follows: Return from E.R. 4:10am via stretcher accompanied by 2 EMT from Atlantic ambulance BP 136/76, pulse 78, respiration 19 and Pulse oximeter 97% on room air. sutures to right eyebrow intact no complaint pain needs attended."</p> <p>A review of Resident #3's MR revealed no NJUTF for the 03/21/2024 transfer to the hospital.</p> <p>During an interview with the surveyor on 06/12/24 at 4:30 P.M. the Director of Nursing (DON) stated she was unable to locate the 03/21/2024 NJUTF for Resident #3.</p> <p>A review of the facility's undated policy titled, Transfers (Hospital or another facility). Revealed under Policy Statement A patient transfer form is to be completed at the time of transfer to hospital or another facility.</p> <p>NJAC 8:39-35.2 (d) 12</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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