

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315487	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/06/2024
NAME OF PROVIDER OR SUPPLIER Preferred Care at Mercer		STREET ADDRESS, CITY, STATE, ZIP CODE 1201 Parkway Avenue Ewing, NJ 08628	

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>38079</p> <p>Based on observation, interview, record review, and review of pertinent documentation, it was determined that the facility failed to ensure that Minimum Data Sets (MDS), an assessment tool, were accurate. This deficient practice was identified for 1 of 22 residents (Resident #66) reviewed for MDS and was evidenced by the following:</p> <p>This is a repeat deficiency.</p> <p>On 07/17/2024 at 10:38 AM, the surveyor observed Resident #66 being wheeled down the hall. The resident's speech was difficult to understand, but they were loudly speaking about no respect.</p> <p>On 07/19/2024 at 8:49 AM, the Certified Nursing Assistant (CNA) stated that Resident #66 can be combative and yells.</p> <p>A review of the hybrid medical records (MR) revealed that Resident #66 was admitted with diagnoses which included but were not limited to; Schizoaffective disorder, bipolar type (mental disorder in which a person experiences a combination of symptoms of schizophrenia and mood disorder) dated 09/29/2022, anoxic brain damage dated 09/29/2023, and epilepsy (neurological disorder that causes seizures or unusual sensations and behaviors) dated 04/29/2022. A review of the Order Summary Report active orders as of 07/23/2024, included orders dated 12/01/2022, for Haloperidol 2 milligram (mg) . for Schizoaffective Disorder bipolar type, and dated 10/19/2023, psyche follow up related to Schizoaffective disorder. A review of the resident-centered, on-going Care Plan (CP) included but was not limited to a focus area uses psychotropic medications r/t (related to) behavior management disease process Schizoaffective disorder, bipolar type). A review of the Pre-Admission Screening and Resident Review (PASRR) dated 09/03/2022, identified Resident #66 as having a diagnosis of Schizoaffective disorder bipolar type. A review of nine Psychotropic Medication Use screening forms dated: 12/13/2022, 01/02/2023, 02/07/2023, 03/07/2023, 04/11/2023, 05/08/2023, 10/10/2023, 11/08/2023, and 12/13/2023 all documented Resident #66 had Schizoaffective disorder. A review of 11 psychiatric consult notes dated: 05/05/2023, 08/04/2023, 09/22/2023, 11/23/2023, 12/14/2023, 02/10/2023, 01/30/2024, 02/28/2024, 03/27/2024, 05/15/2024, and 06/26/2024 all documented Resident #66 had Schizoaffective disorder.</p> <p>A review of the MDS' Section I Psychiatric/Mood Disorder for Resident #66 revealed the following inaccuracies:</p> <p>Dated 06/04/2024: Bipolar yes, Psychotic disorder (other than schizophrenia) no, Schizophrenia yes.</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>Dated 03/05/2024: Bipolar yes, Psychotic disorder (other than schizophrenia) no, Schizophrenia yes.</p> <p>Dated 12/11/2023: Bipolar yes, Psychotic disorder (other than schizophrenia) no, Schizophrenia yes.</p> <p>Dated 03/07/2023: Bipolar no, Psychotic disorder (other than schizophrenia) yes, Schizophrenia no.</p> <p>Dated 06/08/2023: Bipolar no, Psychotic disorder (other than schizophrenia) yes, Schizophrenia no.</p> <p>Dated 09/13/2023: Bipolar no, Psychotic disorder (other than schizophrenia) no, Schizophrenia no.</p> <p>On 07/23/2024, the surveyor requested to interview the MDS nurse, but the MDS nurse no longer worked at the facility.</p> <p>On 07/23/2024 at 10:46 AM, the surveyor interviewed the Director of Nursing (DON) in the presence of additional surveyors. The DON stated the MDS coordinator was responsible to review hospital records, nursing notes, diagnoses, behaviors, smoking, and any updates. She stated that information would be used to review and capture diagnoses and that it was important to have accurate diagnoses to see what specialist may be needed, for the care plans, optimum patient outcomes, and that the MDS' were reviewed in care conferences.</p> <p>On 07/24/2024 at 9:35 AM, the DON acknowledged the discrepancies in the MDS' and stated that they have all been corrected and resubmitted.</p> <p>A review of the facility provided job description, MDS Coordinator (Nursing), signed and dated by the previous MDS nurse on 12/19/2022, included but was not limited to; Job Description . overseeing the full collaborative, interdisciplinary assessment and care planning process . collection and transmission of data . Principle Duties: completes accurate coding of the MDS with information obtained via medical record reviews, observations, and interviews with the facility staff, resident and family members.</p> <p>A review of the facility provided job description, Director of Nursing (Nursing), signed and dated by the DON on 08/15/2019, included but was not limited to; M. Supervise, by daily rounds and conferences, the work of all nursing personnel. AF. Supervise the MDS/Care Plan Coordinator to ensure that all MDS forms are completed accurately and in a timely manner.</p> <p>A review of the facility provided policy, Minimum Data Set Policy and Procedure, revised 09/2023, included but was not limited to; Policy: In compliance with federal and state regulations, each resident shall have a comprehensive assessment of his/her functional capacity recorded on a designated MDS form .General Information: The MDS Coordinator will be responsible . to keep assessment data current at all times. Suggested reference areas to support MDS completion: . b. current plan of care . c. MD (medical doctor) notes/orders . g. medication record/treatment record . h. medical consults . k. documentation from other disciplines.</p>		

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>49712</p> <p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>Based on observation, interview, record review, and review of other facility documentation, it was determined that the facility failed to ensure that a resident who needed respiratory care was provided such care, consistent with professional standards of practice by failing to document the use of oxygen in the Electronic Medical Record (EMR) for 1 of 2 residents (Resident #46) reviewed for respiratory care.</p> <p>This deficient practice was evidenced by:</p> <p>On 07/17/2024 at 10:30 AM during the initial tour, the surveyor observed Resident # 46 in bed. Resident # 46 was observed receiving oxygen through a nasal cannula (a tube delivering oxygen into the nose). The oxygen concentrator was set at 2 liters.</p> <p>On 07/18/2024 at 10:11 AM, the surveyor observed Resident # 46 in bed. Resident # 46 was observed receiving oxygen through a nasal cannula. The oxygen concentrator was set at 2 liters.</p> <p>A review of Resident # 46's Admission Record located in the EMR revealed that Resident # 46 was admitted to the facility with diagnoses that included but were not limited to encounter for palliative care, and heart failure (when the heart muscle doesn't pump blood as well as it should).</p> <p>A Review of Resident # 46's physicians orders located in the EMR revealed that he/she had an order to receive Oxygen at two liters per minute via nasal cannula as needed for shortness of breath. The order was started on 07/01/2024.</p> <p>A review of the July, 2024 Treatment Administration Record (TAR) did not reveal any documented use of oxygen for Resident # 46.</p> <p>On 07/23/2024 at 11:12 AM, during an interview with the surveyor, Licensed Practical Nurse (LPN) #1 said We give PRN [when required] orders upon request. We check the orders, inform the Doctor, sign the order out, and then check the resident in an hour to see if medication was effective. At that time, the surveyor asked to show where it was documented that Resident #46 was using oxygen on 07/17/2024 and 07/18/2024. LPN #1 replied, I don't see it documented anywhere. Lastly, the surveyor asked if the order for Oxygen should be signed out on the TAR. LPN #1 replied, Yes.</p> <p>On 07/24/2024 at 09:42 AM during an interview with the surveyor, the Director of Nursing (DON) said they [nursing staff] should be signing out the Oxygen use on the TAR.</p> <p>A review of the facility-provided policy titled, PRN Medications revised on 1/2024 revealed under section Policy Explanation and Compliance Guidelines that, 3. When administering a PRN medication: a. Verify physician's order for the medication. b. Document the reason voiced by the resident and or assessment findings that show why the resident needs the medication. Verify the reason is for the prescribed indication for the medication. c. Document the time of administration. d. Evaluate the effectiveness of the medication and document the findings.</p> <p>(continued on next page)</p>		

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of the facility-provided policy titled, Oxygen Administration revealed under Procedures that, 9. Document initiation of oxygen in the resident medical record, including time, flow, indication and method: cannula or mask, in the TAR (Treatment Administration Record and or progress notes). Document use and resident reaction to oxygen.</p> <p>N.J.A.C. 8:39-29.2 (d)</p>		