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	315229	A. BUILDING _____ B. WING _____	11/14/2018

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F 584 SS=E	Safe/Clean/Comfortable/Homelike Environment CFR(s): 483.10(i)(1)-(7) §483.10(i) Safe Environment. The resident has a right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. The facility must provide- §483.10(i)(1) A safe, clean, comfortable, and homelike environment, allowing the resident to use his or her personal belongings to the extent possible. (i) This includes ensuring that the resident can receive care and services safely and that the physical layout of the facility maximizes resident independence and does not pose a safety risk. (ii) The facility shall exercise reasonable care for the protection of the resident's property from loss or theft. §483.10(i)(2) Housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior; §483.10(i)(3) Clean bed and bath linens that are in good condition; §483.10(i)(4) Private closet space in each resident room, as specified in §483.90 (e)(2)(iv); §483.10(i)(5) Adequate and comfortable lighting levels in all areas; §483.10(i)(6) Comfortable and safe temperature levels. Facilities initially certified after October 1, 1990 must maintain a temperature range of 71 to 81°F; and	F 584		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Electronically Signed		11/07/2018

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.

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F 584	Continued From page 1 §483.10(i)(7) For the maintenance of comfortable sound levels. This REQUIREMENT is not met as evidenced by: C #: NJ 116269 Based on observation, interview and record review, it was determined that the facility failed to ensure that the residents physical environment was maintained in a clean and safe condition. This deficient practice was evidenced by the following: 1. The surveyor identified issues in 15 of 27 resident rooms while conducting a tour of the facility's 1st. floor Pediatric Unit from 9:50 a.m. to 12:30 p.m. on 10/30/18, as noted by the following: Room #101 - the metal bed frame with a rust like substance in the joints where the bed frame attached to wheels. Rooms #103, #109, #110 and #119 - crevices of the metal base of the ventilation cart had an accumulated rust like substance. Rooms #105 and #117 - the surface of the metal heating unit in the bathroom contained a rust like substance and the base of the nite-stand in the bedroom had damaged/chipped Formica. Room #118 - the metal frame of a Geri-chair contained a rust like substance. The base of the sink in the bathroom had caulk around the perimeter that had darkened due to deterioration. A large puddle of feeding formula was observed on the floor next to bed-B with a power cord running through the feeding formula.	F 584		

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F 584	Continued From page 2 Room #119 - the vanity in the bathroom that held the sink had broken Formica that exposed jagged edges and its subsurface. Also, the metal base of a feeding pole contained a rust like substance. Room #123 - a section of the metal frame to a crib had an accumulation of a rust like substance and peeling paint. Rooms #124 and #126 - two bags of unused saline were improperly stored in a metal bracket on top of the light fixture located directly above the bed. The bottom of the saline bags were resting directly on the plastic lens of the light fixture. Room #125 - A ceiling tile had a brown stain and the foam padding on the handle of a Geri-chair was torn exposing the bare metal beneath. Room #129 - the vinyl surface of a seat cushion to a Geri-chair was worn and cracked thus exposing the cloth material and foam beneath. Also, the metal surface of the bed frame has large areas of an accumulated rust like substance. Room #130 - the foam padding on the handle of the Geri-chair was torn and the metal base of the oxygen/ventilation stand was soiled with an unidentified dried liquid substance. Room #132 - the metal bed frame had sections of an accumulated rust like substance. The surveyor observed that the aforementioned beds were occupied by residents.	F 584		

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An interview with the facility's Maintenance Director at 12:20 p.m. revealed that the facility did not have a preventive maintenance system for addressing the issues identified by the surveyor during the tour. The Maintenance Director stated that a maintenance log was kept on the pediatric unit for the staff to report problems and issues to be addressed by the maintenance staff. A review of entries to the maintenance log from 10/17/18 to 10/29/18, revealed that there were no entries for patient care equipment containing a rust like substance or any of the issues noted above. The Maintenance Director indicated that items were addressed as they are reported in the maintenance log and during their routine tours. However, the facility was unable to provide any documentation for routine tours conducted by the maintenance staff. The facility did not have a documented system for addressing the issues identified above.

2. During a tour with the Assistant Director of Nursing (ADON) on the Pediatric Unit on 10/30/18 at 9:22 a.m., the surveyor observed that the door to Room #114 was closed. The ADON stated that Room #114 was scheduled for terminal cleaning (total resident room cleaning). The surveyor asked when will the terminal cleaning take place. The ADON stated it will be done today.

A review of the "Admission Record" showed that Resident #9, who was last in Room #114, was admitted to the facility on 1/9/18, with diagnoses that included but were not limited to: Unspecified Hypoxic Encephalopathy, and Encounter for Attention to Tracheostomy.

Resident #9's "Progress Notes (PN)" dated

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10/17/18 at 1:15 p.m., revealed that the Resident was transferred and admitted to an Acute Care Hospital. The PN further revealed that on 10/23/18, the facility was informed by the Acute Care Hospital that Resident #9 had died on 10/23/18.

3. A review of the "Admission Record" showed that Resident #11, who was last in Room #114, was initially admitted to the facility on 11/19/13, and readmitted on 6/18/14, with diagnoses that included but were not limited to: Chronic Respiratory Failure, and Encounter for Attention to Tracheostomy.

Resident #11's PN dated 10/28/18 at 2:41 p.m., showed that the Resident was transferred and admitted to an Acute Care Hospital for Pneumonia and Adenovirus.

Further tour of the Pediatric Unit on 10/30/18 at 10:00 a.m., with the ADON, the surveyor observed that Room #110 was unoccupied, and the door was open. The surveyor further observed personal items on the crib, an undated open saline solution bottle, and trash in the garbage bin. The ADON stated that Room #110 had been unoccupied since 10/20/18, and was not terminally cleaned. The surveyor asked; "When will the terminal cleaning in this room take place?" The ADON stated "Today".

4. A review of the "Admission Record" showed that Resident #12, who was last in Room #110, was initially admitted to the facility on 3/1/05, and readmitted on 6/18/14, with diagnoses that included but were not limited to: Tracheostomy Status and Dependence on Respirator. Resident #12's PN dated 10/17/18, showed that the

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Resident was transferred and admitted to an Acute Care Hospital. The PN further showed that on 10/18/18, the facility was informed by the Acute Care Hospital that Resident #12 had died on 10/18/18.

5. A review of the "Admission Record" showed that Resident #10, who was last in Room #110, was admitted to the facility on 6/17/14, with diagnoses that included but were not limited to: Dependence on Respirator and Encounter for Attention to Tracheostomy. Resident #10's PN dated 10/20/18 at 11:51 a.m., showed that the Resident was transferred to an Acute Care Hospital and had died on the same day due to Respiratory Arrest.

During an interview with the facility District Manager Housekeeping (DMH) and Director of Operations for Housekeeping on 10/30/18 at 1:00 p.m., the DMH stated that terminal cleaning should be performed in a resident's room within 24 hours upon discharge. The DMH explained that terminal cleaning was not performed in Rooms #110 and #114 because he was not aware that the Residents in these rooms had been discharged to an Acute Care Hospital since 10/20/18 and 10/28/18 respectively. DMH further explained that he did not get the notification either by phone call and/or in writing that the above mentioned rooms would need terminal cleaning.

During a follow-up interview with the ADON on 10/30/18 at 1:57 p.m., the ADON revealed that nursing staff would inform the Housekeeping Department either through a telephone call and/or verbally that a room needed terminal cleaning upon discharge of a resident. The ADON was unable to explain why Resident Rooms #110 and

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F 584	Continued From page 6 #114 had not been scheduled for terminal cleaning. During an interview with the Administrator on 10/30/18 at 4:22 p.m., she explained that "Discharge" referred to a resident who went home, was hospitalized, transferred to another facility, and/or when a resident died. The Administrator further explained that the Housekeeping Department should have gotten a notice within 24 hours to clean the room upon discharge of a resident. The Administrator further explained the reason for the delay in terminal cleaning in Rooms #110 and #114 was because the family had not come to pick up the Resident's personal items. The surveyor reminded the Administrator about their policy regarding "Environmental...Total...Resident Room Cleaning..." A review of the undated facility policy titled, "Resident Rights", showed: "...9. Safe environment. The resident has a right to a clean, comfortable and homelike environment, including but not limited to receiving treatment..." A review of the facility's policy titled, "Environmental Services Department Total Resident Room Cleaning (aka Carbolization/Terminal Cleaning)", dated 07/2006, showed under Policy: "Each occupied portion of the resident room and the entire bathroom will be thoroughly cleaned and disinfected upon discharge and at least monthly." Under the section of Procedure: "1. The Director of Environmental Services will: A. Establish a schedule that ensures all resident rooms and the bathrooms are totally cleaned and disinfected monthly and upon	F 584		

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F 584	Continued From page 7 discharge. This schedule should be coordinated with Nursing to eliminate as much resident disruption as possible. B. The Director of Environmental Services or Supervisor will alert the Clinical Manager or Charge Nurse of the rooms to be done the following day... F. Discharge Procedures: 1.) The Nurse will inform Environmental Services Supervisors upon discharge of a resident..."	F 584		
F 658 SS=D	NJAC 8:39-31.2(e) & 31.4(a) Services Provided Meet Professional Standards CFR(s): 483.21(b)(3)(i) §483.21(b)(3) Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (i) Meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, it was determined that the facility failed to follow the facility's policy/protocol on Medication Ordering and No Borrowing medication for 1 of 3 sampled residents (Resident # 2), reviewed for medications. This deficient practice is evidenced by the following: 1. According to the "Admission Record" Resident # 2, was initially admitted on 9/19/2018, with diagnoses which included but not were limited to: Cerebral Palsy, and Convulsions. The Minimum Data Set (MDS), an assessment tool, dated	F 658		

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F 658	Continued From page 8 9/26/2018, showed that the Resident was cognitively impaired and required total assistance with Activities of Daily Living (ADL). Resident #2's "Order Summary Report (OS)" dated 10/20/18, showed an order for Diazepam Solution 8 milliliter (ml) daily through the gastronomy tube. Resident # 2's "Progress Notes (PN)", dated 11/9/18 at 11:24 p.m., showed that the Resident was discharged from the facility to the hospital on 11/9/2018 at 4:20 p.m. The PN also showed that on 11/12/2018 at 10:58 p.m the Resident was readmitted back to the facility. During medication administration observation on 11/13/18 at 8:34 a.m., the surveyor observed the form "Controlled Drug Administration Record Liquid," for the medication Diazepam 1 milligram (mg)/1 milliliter (ml) for Resident #2. The surveyor further observed that the amount remaining written on the same form was 45.50 ml, which was the amount of medication left in the bottle. The same form had a "Borrow" written on 11/10/18 at 12 p.m. and 9:00 p.m. The Licensed Practical Nurse #2 (LPN #2) stated that the nurses were not allowed to borrow medications for another resident. During an interview with Assistant Director of Nursing (ADON) on 11/13/2018 at 12:20 p.m., the ADON stated that staff were not allowed to borrow medications from another resident and that was the facility protocol and/or practice. However, the ADON could not provide a policy for "Borrowing Medication." She further revealed that the reason for borrowing the medication was because the staff did not reorder the medication	F 658		

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timely. The ADON further stated that staff member involved was disciplined for not following the protocol and the policy for Medication Ordering.

During an interview with the DON (Director of Nursing) on 11/14/2018 at 2:52 p.m., she confirmed that the facility had no "Borrowing Medication" policy. She stated that the Nurses should not be borrowing medications. She confirmed that the facility had system in place for ordering/reordering medications timely to ensure medications were available for the residents.

The surveyor attempted to conduct a telephone interview with the staff member involved on 11/14/18 at 2:55 p.m., however, the staff was not available.

A review of the facility policy, "Medication ordering & Prescribing: STAT [urgent] Orders," dated 2/2009, showed: "Purpose:
To ensure that residents receive medications ordered or required "STAT" in a timely manner."
The same policy under the section "Procedure:
If the medication is not available within the facility, the nurse must call the pharmacy to request a STAT [order]. Nurse should inform the pharmacy that the order has already been faxed..."

A review of the policy titled, "Medication Ordering & Prescribing: Reorders, dated 2/2009, and revised on 12/2015, showed:
"Purpose: To ensure resident's received reordered medications in a timely fashion.
Policy: The facility will submit reorders for medication to the pharmacy in a consistent manner..."

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F 658	Continued From page 10 NJAC 8:39-27.1(a)	F 658		
F 677 SS=D	ADL Care Provided for Dependent Residents CFR(s): 483.24(a)(2) §483.24(a)(2) A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene; This REQUIREMENT is not met as evidenced by: C #: NJ 116386 Based on observation, interview, record review, as well as review of pertinent facility documents on 10/30/18, it was determined that the facility failed to provide personal hygiene for 1 of 2 sampled residents (Resident #8) observed for incontinence care. This deficient practice is evidenced by the following: 1. According to the "Admission Record," Resident #8 was initially admitted to the facility on 1/30/17, and readmitted on 10/10/18, with diagnoses that included but were not limited to: Muscle Weakness and Urinary Tract Infection, and Unspecified Head Injury. The Minimum Data Set (MDS), an assessment tool, dated 10/17/18, showed that the Resident was severely cognitively impaired and required extensive assistance with Activities of Daily Living (ADL). A review of Resident #8's Care Plan (CP), which was initiated on 10/10/18, revised on 10/22/18, showed that the Resident was frequently incontinent of bladder and bowel (B/B) functions and at risk for skin impairment and infection. The CP interventions included but were not limited to:	F 677		

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Assist with perineal care as needed, Resident will be changed and have incontinence care every shift and as needed.

During a skin check in the presence of the Unit Manager (UM) and a Certified Nurse Assistant (CNA #1) on 10/30/18 at 10:40 a.m., the surveyor observed that Resident #8 was wearing two incontinent briefs which were saturated with yellow urine. However, there was no skin breakdown observed.

During an interview with Resident #8 on 10/30/18 at 10:48 a.m., the Resident stated that the last time he/she was changed was last night (10/29/18) but was unable to recall the time. The Resident explained that he/she reported to CNA #2, the CNA assigned to Resident #8, that he/she was wet with urine and requested to be changed at approximately 7:30 a.m., on 10/30/18. CNA #2 told the Resident to eat breakfast first, however CNA #2 did not return after breakfast to change the Resident.

During an interview with CNA #2 on 10/30/18 at 11:38 a.m., she confirmed that Resident #8 reported to her that the Resident was wet with urine before breakfast at 7:30 a.m. was served. CNA #2 further confirmed that Resident #8 requested to be changed, however, she told the Resident to eat breakfast first. CNA #2 revealed that she was not aware that Resident #8 had on two incontinent briefs and also stated she/he did not check the Resident for incontinence during their first round at 7:30 a.m. this morning.

A review of the facility's policy titled, "Routine Resident Care," revised on 4/2015, showed under Policy: "Staff shall make routine resident checks

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F 677	Continued From page 12 to help maintain resident safety and well-being." The same policy under "Procedure: "1. To ensure the safety and well-being of our residents, nursing staff shall make a routine resident check every 2-3 hours. a) Routine resident checks involved entering the resident's room and/or identifying the resident elsewhere on the unit to determine if the resident's needs are being met,such as Toileting, performing Peri Care-Incontinent care..." A review of the facility's undated policy titled, "Incontinence Care", showed under "Procedure: 2. After incontinence: d. Check resident for incontinence at least every 2-3 hours..." NJAC 8:39-27.1(a) NJAC 8:39-27.2(h)	F 677		
F 826 SS=D	Rehab Services Physician Order/Qualified Pers CFR(s): 483.65(b) §483.65(b) Qualifications Specialized rehabilitative services must be provided under the written order of a physician by qualified personnel. This REQUIREMENT is not met as evidenced by: C #: NJ 116991 Based on interviews, and record review, as well as review of pertinent facility documents on 11/11/18 and 11/14/18, it was determined that the facility failed to provide Physical Therapy (PT) and Occupational Therapy (OT) screening in a timely manner for 1 of 3 sampled residents	F 826		

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	315229	A. BUILDING _____ B. WING _____	11/14/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WANAQUE CENTER FOR NURSING & REHABILITATION, THE	1433 RINGWOOD AVE HASKELL, NJ 07420

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
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(Resident #16), reviewed for PT/OT screening. This deficient practice is evidenced by the following:

1. According to the "Admission Record" Resident #16 was initially admitted on 11/25/2009, and readmitted on 11/1/2018, with diagnoses which included but were not limited to: Anoxic Brain Damage, Tracheostomy Status, and Dependence on Respirator [Ventilator] Status. The Minimum Data Set (MDS), an assessment tool dated 8/29/2018, showed that the Resident was cognitively impaired and requiring total assistance from staff with Activities of Daily Living (ADL). The MDS also showed Functional Limitation in Range of Motion on both upper and lower extremities.

Resident # 16's Care Plan (CP), was initiated on 11/10/2010, and revised on 10/18/2018, showed that the Resident was at risk for a skin breakdown secondary to the presence of tracheostomy and tracheostomy tie, low Braden score, posturing episodes, wearing of Molded Ankle Foot Orthosis (MAFO's) and contractors [contractures] of extremities. Interventions included but were not limited to: rehab screen and or consult as needed.

The "Order Summary Report (OSR)" dated 11/2018, showed an order for Physical Therapy (PT)/ Occupational Therapy (OT)/ Speech therapy (ST) consult/PRN (as needed).

During the tour with the Assistant Director of Nursing (ADON) on 11/9/18 at 9:02 a.m., the ADON stated that the Resident had a contracture (shortening of muscles and joints) and previously wore the MAFO on the right ankle. However, the MAFO was on hold due to the wound on the right

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ankle. The ADON further stated that the MAFO was to prevent further contractures. The ADON indicated that she was not sure if the Resident attended PT/OT.

During an interview with the Occupational Therapist Aide (OTA) on 11/9/18 at 11:48 a.m., the OTA stated that the Resident was not yet screened by the OT since readmission on 11/1/18. The OTA revealed that he was not sure if the Resident was already screened by the PT.

During an interview with the PT Director (PTD) on 11/9/18 at 12:59 p.m., the PTD stated that residents were screened for PT/OT on admission, readmission, quarterly and as needed. The PTD also stated that Resident #16 will be screened today on 11/9/18.

During an interview with Physical Therapist (PT) on 11/14/2018 at 1:36 p.m., she confirmed that residents were screened for PT/OT on admission, readmission, quarterly, and as needed. She stated that the Residents were screened within one week from the date of admission and/or readmission. The PT explained that the Resident was screened today on 11/14/18, and not within a week of readmission date because she was distracted by what was going on in the facility.

A review of medical record for Resident #16 on 11/14/18 at 3:22p.m., showed no documentation that the resident was screened upon re-admission by PT/OT between 11/1/2018 to 11/13/18. There was documented evidence PT/OT screening on 11/14/18, 12 days after re-admission.

A review of the undated policy titled, "Screening

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F 826	Continued From page 15 Policy" showed: "The screen is the process of making a determination about the information gathered. Purpose of the screen is determining the need for further examination or consultation by a therapist or for referral to another health professional. Residents of the facility will be screened for the involvement in rehabilitation services when the following criteria are met. Upon admission/readmission, On Quarterly and an annual basis, Upon referral, After a significant change i.e., recent fall, weight loss, worsening contracture etc..." NJAC 8:39-37.1(a)	F 826		