

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>315499</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>06/09/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>LIONS GATE</b>		STREET ADDRESS, CITY, STATE, ZIP <b>1100 LAUREL OAK ROAD VOORHEES, NJ 08043</b>	
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 0698  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<p><b>Past noncompliance - remedy proposed</b> **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews and review of Medical Records (MR), and other pertinent facility documentation on 6/9/2020, it was determined that the facility failed to follow their policy to maintain complete communication notes between the facility and the [MEDICAL TREATMENT] center for 1 of 3 sampled residents (Resident #2). This deficient practice was evidenced by the following: 1. According to the Admission Record (AR), Resident #2 was admitted to the facility on [DATE], with [DIAGNOSES REDACTED]. According to the Minimum Data Set (MDS), an assessment tool dated 7/9/19, Resident #2 had a Brief Interview for Mental Status (BIMS) score of 15/15, indicating no cognitive deficits. The MDS also indicated the resident required staff assistance for Activities of Daily Living (ADLs). Review of the Care Plan (CP) for Resident #2, with an initiated date of 8/31/17 revealed the resident was scheduled for [MEDICAL TREATMENT] appointments on MWF. Send HD ([MEDICAL TREATMENT]) communication book with resident for HD appointments. During an interview on 6/9/2020 at 12:02 p.m., Registered Nurse #1 (RN #1), stated for [MEDICAL TREATMENT] residents, a communication book goes with them on [MEDICAL TREATMENT] days with any new medications or changes. During an interview on 6/9/2020 at 2:30 p.m., the Director of Nursing (DON), stated the nurse did not attach the medication order to the [MEDICAL TREATMENT] Communication Book and should have. The nurse was not following the policy. Review of the Order Summary Report revealed an order dated 5/9/2020 [MEDICATION NAME] Tablet Give 1000mg by mouth every 8 hours for shingles for 7 days. Review of the Medication Administration Record [REDACTED]. Review of Resident #2's, [MEDICAL TREATMENT] Treatment Communication Form dated 5/11/2020, revealed no documentation or copy of doctor's order dated 5/9/2020 for [MEDICATION NAME] Tablet 1000mg was attached. On 6/9/2020 at 1:30 p.m., the surveyor reviewed the facility, End Stage [MEDICAL CONDITION], Care of a Resident with (undated) which revealed Resident will travel to and from [MEDICAL TREATMENT] center with communication book in order to facilitate communication between the parties. Staff will address any concerns upon return from [MEDICAL TREATMENT]. NJAC 8:39-27.1(a)</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER  
REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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.