

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 315174	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/04/2020
NAME OF PROVIDER OF SUPPLIER DEPTFORD CENTER FOR REHABILITATION AND HEALTHCARE		STREET ADDRESS, CITY, STATE, ZIP 1511 CLEMENTS BRIDGE RD DEPTFORD, NJ 08096	
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 0609 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** COMPLAINT # NJ 8 Based on interviews, review of the Medical Record (MR), and other pertinent facility documentation on 6/1/2020 and 6/4/2020, it was determined that the facility failed to report an allegation of verbal abuse to the New Jersey Department of Health (NJDOH), as well as follow their own facility policy Abuse, for 1 of 4 sampled residents (Resident #3). This deficient practice is evidenced by the following: 1. According to the Admission Record, Resident #3 was admitted to the facility on [DATE], with [DIAGNOSES REDACTED]. According to the Minimum Data Set (MDS), an assessment tool dated 5/8/2020, Resident #3 had a Brief Interview for Mental Status (BIMS) score of 15/15, indicating that Resident #3 had intact cognition. The MDS documentation indicated that Resident #3 required staff assistance for Activities of Daily Living (ADLs). On 6/1/2020, during a review of an e-mail dated 5/14/2020, sent to the facility Social Worker regarding Resident #3 revealed on 5/6/2020, The CNA was yelling at my mom and calling her a liar because my mom told her she was wet During an interview on 6/1/2020 at 1:27 p.m., the Administrator stated he would consider a staff member calling a resident a liar verbal abuse. During an interview on 6/1/2020 at 2:00 p.m., the Director of Nursing (DON), stated that yelling at a resident is considered verbal abuse. During an interview on 6/4/2020 at 10:24 a.m., the Assistant Administrator stated that calling a resident a liar is potentially abuse. The Assistant Administrator further stated that the Allegation was not reported to the NJDOH, because I asked the resident if anyone called her names and she said no, she denied any verbal abuse. Review of a facility policy titled Abuse, revised on 2/2019, under Protocol revealed : The Administrator and the Director of Nursing are responsible for investigating and reporting. Under Reporting revealed : Notify the local law enforcement and appropriate State Agency(s) immediately (no later than 2 hours after allegation/ identification of allegation) by Agency (s) designated process after identification of alleged/suspected incident Report results of investigation to the proper authorities as required by State Law The individual conducting the investigation shall follow the procedure for reporting and investigation when an incident of resident abuse, neglect or misappropriation of property is alleged or suspected. NJAC 8:39-9.4 (f)		
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.