

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 315166	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/27/2020
NAME OF PROVIDER OF SUPPLIER MASONIC VILLAGE AT BURLINGTON		STREET ADDRESS, CITY, STATE, ZIP 902 JACKSONVILLE ROAD BURLINGTON, NJ 08016	
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	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Complaint # NJ 1 Based on interview and review of the medical record's (MR) and other facility documentation, it was determined that the facility failed to report an injury of unknown origin to the New Jersey Department of Health (NJ DOH) for 1 of 5 residents reviewed for incidents and accidents (Resident #5). This deficient practice is evidenced by the following: According to the Resident Face Sheet, Resident #5 was admitted on [DATE] with [DIAGNOSES REDACTED]. A review of Resident #5's Quarterly Minimum Data Set (MDS), an assessment tool, dated 12/4/19, revealed that the resident had a Brief Interview for Mental Status (BIMS) of 6, which indicated that the resident had severe cognitive impairment. A review of the Care Plan, dated 1/28/20, revealed a focus of skin discolorations related to [MEDICATION NAME] (a blood thinner) with discoloration to the resident's right cheekbone. Interventions included encouraging the resident to not sleep with the face against the bed enabler (side rail) and gentle handling of the skin. A review of a Progress note dated 1/28/20 at 12:17 PM, written by a Nurse Practitioner, revealed that the resident had swelling and discoloration to the right cheek below the right eye with no reported recent falls or other trauma to the face. The resident was unable to give any information related to the facial bruising and swelling. A review of a Progress Note dated 1/28/2020 at 2:43 PM revealed, During morning care, CNA noticed and reported to nurse a skin discoloration to the right cheekbone. Resident denies having been hurt by anyone, denies fallen, denies having hurt (themselves). Head trauma protocol initiated. A review of Resident #5's Accident/Incident Report (IR) dated 1/28/2020, revealed at 8:00 AM, a certified nursing assistant (CNA #1) reported to the nurse that the resident had skin discoloration under the right cheekbone. The resident denied being hit, hurt, falling, or hurting themselves. The resident was assessed, and the nurse practitioner was notified. The IR indicated that the incident was unobserved. A statement from CNA #1 revealed that when the CNA entered the resident's room, the resident rolled over, and the resident had a black eye. The CNA asked the resident what happened if someone hit the resident, and if the resident was in pain, the resident replied nothing was wrong with their eye and that the resident was not hit or in pain. Attached to the report was a summary completed by the Registered Nurse Unit Manager (RN UM) dated 1/31/20, which revealed that CNA #1 reported the discoloration to the RN UM. Upon assessment, the discoloration was 6 centimeters (cm) by 5cm. The resident denied injury. The NP assessed the resident. The summary indicated that the resident had been observed sleeping on the right side with the resident's face next to the bed enabler. The summary further reflected that the resident's face might have touched the enabler causing a discoloration. The resident's laboratory results indicated that the resident's PT/INR (test that detects how long it takes for blood to clot) was elevated, which could increase bruising. It was concluded that, Upon review of issue with DON (Director of Nursing) and Administrator, it is our opinion that the discoloration was caused by pressure from the enabler on the right side of (Resident #5's) face and the elevated PT/INR. The resident denies any injury by a team member. During an interview with the surveyor on 8/27/20 at 12:30 PM, the Director of Nursing stated the facility did not report the injury because the facility felt that in their investigation that they knew the source of how it happened and didn't suspect abuse. The DON stated that the facility reports abuse or an injury of which a cause could not be determined. During an interview with the surveyor on 8/27/20 at 1:23 PM, the Administrator stated the injury was not reported to the NJDOH because the facility determined how the injury occurred. A review of the facility's policy titled, Abuse and Neglect revised 1/18/17, included but was not limited to; Injuries of known source- an injury should be classified of unknown source when both of the following conditions are met; (a) the source of the injury was not observed by any person or the source of the injury could not be explained by the resident, AND (b) the injury is suspicious because of the extent of the injury, or the location of the injury, (injury located in an area not generally vulnerable to trauma) . E. Reporting 6 b. See Reporting Grid, Unexplained Injury, Division of Long Term Care Systems. NJAC 8:39-9.4(e)</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.