

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 315521	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/04/2020
NAME OF PROVIDER OF SUPPLIER ATRIUM POST ACUTE CARE OF WOODBURY		STREET ADDRESS, CITY, STATE, ZIP 467 COOPER STREET WOODBURY, 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 0656 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>COMPLAINT # NJ 8 Based on staff interviews, Medical Record (MR) review, and review of other pertinent facility, it was determined that the facility failed to develop a comprehensive, person-centered care plan for 1 of 11 sampled residents (Resident #6). This deficient practice and was evidenced by the following: A review of the electronic closed record revealed the following: Resident #6 was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. According to the Minimum Data Set (MDS), an assessment tool dated 8/12/19, revealed that Resident #6 had a Brief Interview for Mental Status (BIMS) score of 8 which indicated that the resident had cognitive impairment. The MDS also indicated Resident #6 required extensive assistance with Activities of Daily Living (ADLs). Review of a facility's document titled Nursing Assessment Evaluation dated 2/5/19, revealed Resident #6 had [MEDICAL CONDITION] noted to bilateral ankles and feet. Review of Resident #6's physician orders [REDACTED]. Review of the Resident #6's PN dated 2/19/19 revealed that the resident had Bilateral Lower Extremities Non-[MEDICAL CONDITION]. The PN also showed the resident was non-cooperative and non-compliant with elevating his/her legs due to cognitive impairment. Review of the Care Plan (CP), dated 2/2019 and on-going, revealed no focus, goal or intervention related to Resident #6's Bilateral Lower Leg Extremities(BLLE). During an interview on 3/3/20 at 11:20 a.m., the Certified Nursing Assistants (CNA) stated he would follow the CP if a resident had BLLE. The CNA stated if a resident had BLLE, it should be on the CP. During an interview on 3/3/20 at 11:55 a.m., the Licensed Practical Nurse (LPN) stated that when a resident is admitted to the facility, the admitting nurse would be responsible for initiating the CP. The LPN stated the CP would include the resident's actual problems or risks and the care the resident requires. The LPN stated that BLLE should be included on a CP. During an interview on 03/04/20 at 11:15., the Director of Nursing (DON) stated the admitted nurse is responsible for initiating the baseline CP for all newly admitted residents and reviewed by the care conference on the following day. The DON also stated if a resident is admitted with [MEDICAL CONDITION] and presented with BLLE, it should be on the CP. In addition, the DON stated that the nurses would be responsible for elevating a resident's extremities; however, it should be on the CP and the information should be given to the CNA during report. Review of the facility undated Care Plan policy and procedure, revealed that an individualized comprehensive CP that includes measurable objectives and timetables to meet the resident's medical, nursing, mental and psychological needs is developed for each resident. The policy indicated that each resident's comprehensive CP is designed to incorporate identified problem areas and incorporate risk factors associated with identified problems. NJAC 8:39-11.2(d); (e)(1-2); (i)</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.