

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 315465	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/02/2020
NAME OF PROVIDER OF SUPPLIER MANHATTANVIEW NURSING HOME		STREET ADDRESS, CITY, STATE, ZIP 3200 HUDSON AVENUE UNION CITY, NJ 07087	
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 0658 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Ensure services provided by the nursing facility meet professional standards of quality. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** COMPLAINT# NJ 695 Based on interview, record review, and review of pertinent facility documents on 9/1/20 and 9/2/20, it was determined that facility staff failed to transcribe a Physician's Order (PO) on admission to the Treatment Administration Record (TAR) for 1 of 5 sampled Residents (Resident #2). This deficient practice was evidenced by the following: Reference: New Jersey Statutes, Annotated Title 45, Chapter 11. Nursing Board The Nurse Practice Act for the State of New Jersey stated, The practice of nursing as a registered professional nurse is defined as diagnosing and treating human responses to actual or potential physical and emotional health problems, through such services as case finding, health teaching, health counseling, and provision of care supportive to or restorative of life and wellbeing, and executing medical regimens as prescribed by a licensed or otherwise legally authorized physician or dentist. Reference: New Jersey Statutes, Annotated Title 45, Chapter 11. Nursing Board The Nurse Practice Act for the State of New Jersey stated, The practice of nursing as a licensed practical nurse is defined as performing tasks and responsibilities within the framework of case-finding; reinforcing the patient and family teaching program through health teaching, health counseling and provision of supportive and restorative care, under the direction of a registered nurse or licensed or otherwise legally authorized physician or dentist. On 9/1/20 at 8:59 AM, the Licensed Practical Nurse/Unit Manager (LPN/UM) informed the surveyor during an interview that the oxygen order should be written in the Physician's Order and transcribed in the TAR. He stated that it was the nurse's responsibility to check the resident's oxygen and the order. According to Resident #2's Face sheet (an admission summary), the resident was admitted to the facility on [DATE], with [DIAGNOSES REDACTED]. A review of the Minimum Data Set (MDS), an assessment tool used to facilitate care management dated 2/13/20, indicated a Brief Interview for Mental Status (BIMS) scored at 8 (8 of 15), indicating Resident #2's cognition was moderately impaired. The MDS further indicated that the resident had oxygen. The surveyor reviewed the Physician's Order, which revealed that Resident #2 had a physician order dated 2/6/20, indicating oxygen at 2 LPM (liters per minute) n/c (nasal cannula) continuous and check to 02 sat (saturation) every shift. The Nurse Practitioner signed the order for oxygen. A review of the February 2020 TAR showed that the above orders for check 02 sat nurses were signed every shift, and the 02 sat were within normal limits. Further review of the February 2020 TAR did not show that the order for 2 LPM n/c was transcribed to the TAR. A review of the Nurse's Notes dated 2/6/2020, signed by a Licensed Practical Nurse (LPN), revealed that Resident #2 was admitted to the facility with 2 LPM oxygen n/c. On 9/2/2020 at 8:30 AM, the Director of Nursing (DON), in the presence of the Administrator, informed the surveyor that as facility practice, it was the nurse in the unit that obtain a physician order upon admission and transcribes the orders in the TAR and MAR (Medication Administration Record). The DON stated that it was her responsibility in the following day to check the new resident's admission orders [REDACTED]. On that same date and time, the DON stated that it was the LPN/UM who obtained an admission order of Resident #2 and transcribed to the TAR that included the order for oxygen. She further stated, I don't know how it was missed, the order of oxygen that was not carried over to the TAR. On 9/2/2020 at 8:43 AM, the LPN/UM informed the surveyor that he was the one who wrote the orders in Resident #2's physician order for [REDACTED]. He stated, I don't know how I missed it, the oxygen order that was not transcribed to the TAR. A review of the Oxygen Administration Policy and Procedure dated 7/20/2020, provided by the Administrator, indicated, Preparation: Verify that there is a physician's order for this procedure; review the physician's orders or facility protocol for oxygen administration .Report other information in accordance with facility policy and professional standards of practice. NJAC 8:39-11.2 (b)</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.