

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 315268	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/19/2020
NAME OF PROVIDER OF SUPPLIER BROOKHAVEN HEALTH CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 120 PARK END PLACE EAST ORANGE, NJ 07018	
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 0842 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Complaint #NJ 806 Based on observation, interview, and record review, it was determined that the facility failed to ensure that the [MEDICAL TREATMENT] Communication Form (DCF) was maintained in the medical records. This deficient practice was identified for Resident #2, 1 of 1 resident sampled for [MEDICAL TREATMENT] and was evidenced by the following: A review of the Admission Summary (Face Sheet) showed that Resident #2 was readmitted to the facility, alert with forgetfulness and on [MEDICAL TREATMENT] three times a week every Monday, Wednesday, and Friday. The Face Sheet also disclosed that the resident had [DIAGNOSES REDACTED]. Further review of Resident #2's medical record revealed that there was no DCF contained in the medical record. On 08/19/2020 at 8:50 AM, Registered Nurse/Unit Manager (RN/UN) stated that the facility utilizes the DCF in a binder as a communication between the [MEDICAL TREATMENT] Center and the facility. The RN/UM further noted that the top portion of the DCF is filled out by the facility nurse of resident's information, vital signs (v/s), and medications (meds) administered before transfer to [MEDICAL TREATMENT] Center, and signed by a nurse. She indicated that the lower portion of the DCF would be filled out by the [MEDICAL TREATMENT] Center nurse and the endorsement regarding the resident's condition after the [MEDICAL TREATMENT] treatment. On that same date and time, the RN/UM informed the surveyor that she could not remember information about Resident #2. During the interview on 08/19/2020 at 9:14 AM, the RN informed the surveyor that she makes sure that the DCF is filled out correctly to communicate to the [MEDICAL TREATMENT] Center important information like recent hospitalization, new meds, and change in the condition of the resident. She further stated that she reviews the DCF and follows up if there were recommendations when the resident returns from the [MEDICAL TREATMENT] Center. At that time, the RN stated that she was the assigned nurse of Resident #2 and could not remember information about the resident because it was a while ago. On 08/19/2020, at 10:50 AM, the surveyor called and left a message at the [MEDICAL TREATMENT] Center twice. The [MEDICAL TREATMENT] Center did not return either of the surveyor's calls. On 08/19/2020 at 1:51 PM, the Assistant Director of Nursing (ADON) informed the survey team that the facility utilized an individual binder as communication between the facility and the DC. The ADON explained to the surveyors that the facility's receiving nurse reviewed the communication binder for any information or recommendation written on that date. The ADON indicated that communication was written on the DCF and should be filed in the resident's medical records. She further stated that the DCF was probably left in the [MEDICAL TREATMENT] Center on 01/17/2020, during the last [MEDICAL TREATMENT] treatment. On 08/19/2020 at 2:35 PM, the DON informed the surveyors that the DCF was part of Resident #2's medical records and that it is the communication between the facility and the [MEDICAL TREATMENT] Center for resident's coordination of care. The DON stated that she was unable to locate Resident #2's DCF. A review of the [MEDICAL TREATMENT] Management ([MEDICAL TREATMENT]) Policy, with a reviewed date of 5/2020, provided by the ADON indicated, Assure facility completed [MEDICAL TREATMENT] communication form accompanies resident to [MEDICAL TREATMENT] on treatment days, to communicate resident information and coordinate care between [MEDICAL TREATMENT] Center and facility, and [MEDICAL TREATMENT] center personnel to complete [MEDICAL TREATMENT] communication form and return to the facility, upon return from [MEDICAL TREATMENT] Center, review information provided on [MEDICAL TREATMENT] communication form, communicate and address as appropriate, complete post-[MEDICAL TREATMENT] information and place in resident's medical record. 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.