

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 315132	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/30/2020
NAME OF PROVIDER OF SUPPLIER CARE ONE AT THE HIGHLANDS		STREET ADDRESS, CITY, STATE, ZIP 1350 INMAN AVENUE EDISON, NJ 08820	
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	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** C #NJ 2 Based on interview, review of medical records and review of other pertinent documentation, it was determined that the facility failed to maintain a complete and accurate medical record to include: History & Physical and physician progress notes [REDACTED].#2). This deficient practice was evidenced by the following: According to the facility Admission Record, Resident #2 was admitted on [DATE] with [DIAGNOSES REDACTED]. A Minimum Data Set, an assessment tool, dated 4/15/202, revealed the resident was independent in decision making. On 7/30/2020 at 2:30 p.m., the surveyor requested the Physician's History (H&P) dated 4/11/2020, physician progress notes [REDACTED].#2. The Director of Nursing (DON) stated the H& P and PPN's are written on paper, and not on the computer. The DON stated the physician was going to email her the requested documents the surveyor requested because the information was not in Resident's #2 medical record. On 8/3/2020 at 12:22 p.m., the DON indicated the Physician was unable to locate the H&P and does not have any PPNs for Resident #2. N.J.A.C. 8:39-35-2(k)		
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.