

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/10/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315502	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 01/15/2020
NAME OF PROVIDER OR SUPPLIER CARE ONE AT TEANECK			STREET ADDRESS, CITY, STATE, ZIP CODE 544 TEANECK ROAD TEANECK, NJ 07666		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 000	INITIAL COMMENTS Standard Survey 1/15/20 Census: 103 Sample Size: 24 The facility is not in substantial compliance with the requirements of 42 CFR Part 483, Subpart B, for long term care facilities.	F 000			
F 698 SS=D	Dialysis CFR(s): 483.25(l) §483.25(l) Dialysis. The facility must ensure that residents who require dialysis receive such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, it was determined that the facility failed to schedule the administration of medications on hemodialysis treatment days. This deficient practice was identified for 1 of 4 residents (Resident #62) reviewed for [REDACTED]. This deficient practice was evidenced by the following: On 1/9/20 at 10:13 AM, the surveyor observed Resident #62 in bed, lying on an air mattress. The resident informed the surveyor that the resident goes to [REDACTED] three days per week Monday, Wednesday and Friday. The resident stated they leave the facility in the morning and returned in the afternoon, but was not specific as	F 698	1. The medication administration times for resident #62 were adjusted according to the [REDACTED] schedule. 2. Residents that go to [REDACTED] have potential to be affected. 3. Nurses have been in-serviced on plotting of medications according to the residents' [REDACTED] schedule. 4. The DON or designee will audit medication administration times weekly for [REDACTED] patients for 4 weeks. The results of the audits will be submitted to the quarterly Quality Assurance	1/28/20	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

01/28/2020

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.

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F 698	<p>Continued From page 1 to what time.</p> <p>The surveyor reviewed Resident #62's medical records that revealed the following:</p> <p>According to the Admission Record, Resident #62 admitted to the facility on [REDACTED] and readmitted on [REDACTED] with diagnoses that included [REDACTED]</p> <p>Resident #62's Comprehensive Minimum Data Set an assessment tool dated [REDACTED], revealed the resident had [REDACTED]. The resident scored [REDACTED] on the Brief Interview for [REDACTED].</p> <p>The January 2020 physician's Order Summary Report indicated that Resident #62 received [REDACTED] on Monday, Wednesday and Friday and a 7:45 PM pick up time. There were several medications Resident #62 was receiving which included the following:</p> <p>[REDACTED]</p>	F 698	<p>committee for review to determine further action to the plan if necessary.</p>		

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F 698	<p>Continued From page 2</p> <p>████████████████████</p> <p>The December 2019 and January 2020 Electronic Medication Administration Record (EMAR) revealed the above medications were scheduled for and documented as administered by the nurses at the following times:</p> <p>████████████████████ ████████████████████ ████████████████████ ████████████████████ ████████████████████ ████████████████████ ████████████████████ ████████████████████</p> <p>There were three medications that were only included on the December 2019 EMAR and scheduled for the following times:</p> <p>████████████████████ ████████████████████ ████████████████████ ████████████████████</p> <p>Resident #62's care plan titled "[the resident] has ██████████ had interventions that included 1. "Confer with physician and/or ██████████ treatment center</p>	F 698		

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F 698	<p>Continued From page 3 regarding changes in medication administration times/dosage pre [REDACTED] as needed and 2. "Coordinate [REDACTED] care with treatment center."</p> <p>The Progress Notes dated 12/6/19 to 12/23/19 revealed that there was no documentation indicating what time the resident left the facility to go to [REDACTED] or when the resident returned to the facility after [REDACTED] treatment.</p> <p>The Progress Notes dated 12/6/19 - 1/14/20 had no documentation of what time the resident left the facility for [REDACTED]. The documentation in the Progress Notes from 1/8/20 to 1/14/20 indicated different times the resident returned from [REDACTED], which were between 2:00 PM - 5:00 PM.</p> <p>The Consultant Pharmacist (CP) did not include a recommendation to schedule Resident #62's medications according to the resident's [REDACTED] schedule on the Electronic Pharmacist Information Consultant form dated 1/7/20.</p> <p>On 1/15/20 at 10:00 AM, the surveyor interviewed and reviewed the EMAR with the Licensed Practical Nurse (LPN) who was assigned to Resident #62 regarding administering medications when the resident was scheduled for a 7:45 AM pick up to go to [REDACTED]. The LPN stated that he would at times administer the medications at 7:30 AM and that sometimes the resident didn't get picked up until 8:00 or 8:30 AM and he would administered the medications before the resident left the facility. The LPN stated the medications "should probably be adjusted."</p>	F 698			

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F 698	Continued From page 4 At 10:23 AM, the surveyor called CP for an interview to determine why she did not make a recommendation to ensure that all medications were appropriately scheduled to accommodate Resident #62's [REDACTED] days, including the pick up and return times. The CP was not available for the interview. On 1/15/20 at 10:51 AM, the surveyor discussed the above concern with the Administrator and Director of Nursing (DON). The DON was not able to explain why the medications for Resident #62 were not adjusted to accommodate the [REDACTED] days. A review of the facility's policy titled [REDACTED] Pre and Post Care did not include any information for timely medication administration to accommodate a resident's [REDACTED] schedule.	F 698			
F 761 SS=D	NJAC 8:39-27.1(a) Label/Store Drugs and Biologicals CFR(s): 483.45(g)(h)(1)(2) §483.45(g) Labeling of Drugs and Biologicals Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable. §483.45(h) Storage of Drugs and Biologicals §483.45(h)(1) In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper	F 761		1/28/20	

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F 761	<p>Continued From page 5</p> <p>temperature controls, and permit only authorized personnel to have access to the keys.</p> <p>§483.45(h)(2) The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview and record review, it was determined that the facility failed to properly store, label and dispose of medications. This deficient practice was noted in 3 of 7 medication carts and 1 of 2 medication refrigerators inspected and was evidenced by the following:</p> <p>On 1/9/20 at 9:30 AM, the surveyor inspected the █ floor medication cart #1 in the presence of a Licensed Practical Nurse (LPN #1). The surveyor observed an unopened █ and an unopened █ that were stored inside the medication cart. The surveyor also observed an opened █ with no resident's name on the label. The label was written as house stock.</p> <p>The surveyor interviewed LPN #1 who stated that an unopened █ and an unopened █ should have been stored in a refrigerator. LPN #1 also stated an opened █ should have a resident's name on the box and █</p>	F 761	<p>1. The █ floor cart # 1 unopened █ and the opened █ without a resident name were disposed of</p> <p>The █ floor cart # 4 opened █ with no resident name and the opened █ without a date were both disposed of.</p> <p>The █ floor med refrigerator opened █ without a date was disposed of</p> <p>The █ floor cart # 4 unopened bottle of █ were disposed of.</p> <p>2. All residents on █ and who require █ have potential to be affected.</p> <p>3. Nurses have been in-serviced on the proper storage and labeling of medications.</p>		

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F 761	<p>Continued From page 6</p> <p>On 1/9/20 at 9:45 AM, the surveyor inspected the [REDACTED] floor medication cart #4 in the presence of LPN #2. The surveyor observed an opened [REDACTED] that had no resident's name on the [REDACTED] or box. The surveyor also observed an opened [REDACTED] that was not dated.</p> <p>The surveyor interviewed LPN #2 who stated that an opened [REDACTED] should have contained a resident's name on the [REDACTED] LPN #2 also stated that a [REDACTED] should have been dated when opened.</p> <p>On 1/9/20 at 9:50 AM, the surveyor inspected the [REDACTED] floor medication refrigerator in the presence of a Registered Nurse (RN#1). The surveyor observed an opened [REDACTED] that was not dated. The surveyor interviewed RN #1 who stated that the [REDACTED] should have been dated when opened.</p> <p>On 1/9/20 at 9:55 AM, the surveyor inspected the [REDACTED] floor medication cart #1 in the presence of LPN #3. The surveyor observed an unopened bottle of [REDACTED] that was stored in the medication cart. The surveyor interviewed LPN #3 who stated that an unopened [REDACTED] ye [REDACTED] should have been stored in the refrigerator.</p> <p>A review of Manufacturer's Specifications for the above medications revealed the following:</p> <p>[REDACTED]</p>	F 761	<p>4. The ADON or designee will audit medication carts and medication room refrigerators weekly for 4 weeks.</p> <p>The results of the audits will be submitted to the quarterly Quality Assurance Committee to determine further action to the plan if needed.</p>		

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F 761	Continued From page 7 	F 761			
F 812 SS=D	<p>NJAC: 8-39-29.4 (a) (h) and (d)</p> <p>Food Procurement,Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2)</p> <p>§483.60(i) Food safety requirements. The facility must -</p> <p>§483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities. (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations. (ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices. (iii) This provision does not preclude residents from consuming foods not procured by the facility.</p> <p>§483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety. This REQUIREMENT is not met as evidenced</p>	F 812		1/28/20	

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F 812	<p>Continued From page 8</p> <p>by: Based on observation, interview and review of documentation provided by the facility, it was determined that the facility failed to maintain the kitchen environment and equipment in a sanitary condition to prevent contamination from foreign substances and potential for the development of foodborne illness.</p> <p>This deficient practice was evidenced by the following:</p> <p>On 11/9/19 at 9:15 AM, during the initial tour in the presence of the Culinary Director (CD) the surveyor observed the following:</p> <p>1. On a shelf there was one small coffee carafe with the cover on it that had approximately a half inch of pooled water at the bottom and five large coffee urns positioned upright with their attached covers propped open that had approximately a half inch of pooled water at the bottom of the containers. On another shelf there were four large coffee urns positioned sideways with their covers on that had approximately a half inch of pooled water at the bottom of the containers.</p> <p>The CD stated that the carafe and the nine coffee urns were clean and ready for use. The CD also stated that the small coffee carafe and the large coffee urns should have been air dried prior to being placed on the shelves.</p> <p>2. Six of six oven knobs in the dairy kitchen had a buildup of dust and a brown, black greasy substance on them.</p> <p>The CD stated that the outside of the oven was cleaned daily.</p>	F 812	<p>1. The coffee carafes and urns were immediately washed. The oven knobs were immediately cleaned. The steam table shelf was immediately cleaned.</p> <p>2. All residents are potentially affected.</p> <p>3. The Dietary staff were in-serviced on proper drying methods of coffee urns, carafes and cleaning process of oven knobs and steam table shelf.</p> <p>4. The Culinary Director or designee will audit sanitation tasks including the carafes, urns, oven knobs and steam table shelf weekly for 4 weeks.</p> <p>The results of the audits will be presented to the Quality Assurance committee and determine further action to plan if needed.</p>		

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F 812	Continued From page 9 3. The shelf above the steam table had a layer of dust particles and a layer of clear sticky substance on it. The CD stated that the steam table was cleaned daily. A review of the facility's policy dated 5/2/18 titled, Sanitation revealed under Policy Interpretation and Implementation #11 revealed the following: "Food preparation equipment and utensils that are manually washed will be allowed to air dry" and under #18 "The Food Service Manager will be responsible for scheduling staff for regular cleaning of kitchen and dining areas. Food service staff will be trained to maintain cleanliness throughout their work areas during all task before proceeding to the next assignment." On 1/10/19 at 1:30 PM, the surveyor team met with the Administrator and Director of Nursing who offered no further information. NJAC 8:39-17.2(g)	F 812			