

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13A019	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/03/2020
--	---	---	---

NAME OF PROVIDER OR SUPPLIER CHELSEA AT SHREWSBURY, THE	STREET ADDRESS, CITY, STATE, ZIP CODE 515 SHREWSBURY AVENUE SHREWSBURY, NJ 07702
---	--

(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) COMPLETE DATE
A 000	<p>Initial Comments</p> <p>Initial Comments: TYPE OF SURVEY: Complaint and COVID-19 Focused Infection Control COMPLAINT #: NJ00131978, NJ00132516 CENSUS: 58 SAMPLE SIZE: 1 SURVEY DATE: 11/2/2020 - 11/3/2020</p> <p>The facility is not in substantial compliance with all of the standards in New Jersey Administrative Code 8:36, Standards for Licensure of Assisted Living Residences, Comprehensive Personal Care Homes and Assisted Living Programs, based on this Complaint Survey.</p> <p>The facility was found to be in compliance with the New Jersey Administrative Code 8:36 infection control regulations standards for Licensure of Assisted Living Residences, Comprehensive Personal Care Homes and Assisted Living Programs and Centers for Disease Control and Prevention (CDC) recommended practices to prepare for COVID-19, based on this COVID-19 Focused Infection Control Survey.</p> <p>The facility must submit a plan of correction, including a completion date for each deficiency and ensure that the plan is implemented. Failure to correct deficiencies may result in enforcement action in accordance with provisions of New Jersey Administrative Code Title 8, Chapter 43E, Enforcement of Licensure Regulations.</p>	A 000		
A 935	<p>8:36-11.4(b) Pharmaceutical Services</p> <p>(b) All medications shall be administered by qualified personnel in accordance with prescriber orders, facility or program policy, manufacturer's requirements, cautionary or accessory warnings,</p>	A 935		

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

TITLE

(X6) DATE

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13A019	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/03/2020
--	---	---	---

NAME OF PROVIDER OR SUPPLIER CHELSEA AT SHREWSBURY, THE	STREET ADDRESS, CITY, STATE, ZIP CODE 515 SHREWSBURY AVENUE SHREWSBURY, NJ 07702
---	--

(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) COMPLETE DATE
A 935	<p>Continued From page 1</p> <p>and all Federal and State laws and regulations.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interviews and review of medical records, it was determined that the facility nursing staff failed to administer seven days of twice a day doses of a medication ordered by the physician for one of one resident, Resident #1, reviewed for medication administration.</p> <p>This deficient practice was evidenced by the following:</p> <p>Review of Resident #1's medical record revealed that the resident moved into the facility in [REDACTED] with diagnoses that included, but not limited to, history of [REDACTED].</p> <p>On 12/13/19, Resident #1 was sent to the hospital due to [REDACTED]. The resident's medical record revealed that the resident was re-admitted and returned to the facility on [REDACTED].</p> <p>Review of Resident #1's list of medications upon discharge from the hospital, dated [REDACTED], included the medication, [REDACTED] or [REDACTED].</p>	A 935		

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13A019	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/03/2020
--	---	---	---

NAME OF PROVIDER OR SUPPLIER CHELSEA AT SHREWSBURY, THE	STREET ADDRESS, CITY, STATE, ZIP CODE 515 SHREWSBURY AVENUE SHREWSBURY, NJ 07702
---	--

(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) COMPLETE DATE
A 935	<p>Continued From page 2</p> <p>██████████ milligrams which was to be administered to the resident by mouth twice daily.</p> <p>Surveyor review of Resident #1's eMARs (electronic Medication Administration Records) from ██████████ through ██████████ (day of re-admission to the day the resident was sent back to the hospital) revealed that the ██████████ was not administered to the resident from ██████████ through ██████████. The resident did not receive the medication until ██████████ afternoon, after the omission was discovered by facility staff.</p> <p>On 11/02/2020 at 1:55 p.m., during an interview with Wellness Nurse #1, she stated that the facility procedure was to make a copy of resident's medication list on the day of resident's transfer to the hospital and the list placed in the resident's chart. She stated that this was done so that when the resident returned from the hospital, the nurse could compare resident's previous medications, prior to hospitalization, to the medications prescribed post-hospitalization. She stated that the copy of pre-hospitalization medication list was made and was placed in the resident's chart. She stated that she was unable recall who should have done the medications' reconciliation and review.</p> <p>On 11/03/2020 at 9:27 a.m., the Nurse Practitioner was interviewed. She stated that she was under the impression that the resident was receiving ██████████ because the nursing staff review the medications, and that if something was missing, the staff would let her know. She stated she never knew that the resident was not receiving the medication. She stated that when she was made aware, the medication was</p>	A 935		

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13A019	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/03/2020
--	---	---	---

NAME OF PROVIDER OR SUPPLIER CHELSEA AT SHREWSBURY, THE	STREET ADDRESS, CITY, STATE, ZIP CODE 515 SHREWSBURY AVENUE SHREWSBURY, NJ 07702
---	--

(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) COMPLETE DATE
--------------------	--	---------------	---	--------------------

A 935	<p>Continued From page 3</p> <p>administered right away on [REDACTED]. She stated that by not giving the [REDACTED] contributed to resident being sent and re-admitted to the hospital on [REDACTED]. She stated that the resident had multiple co-morbidities and was on the decline.</p> <p>The Director of Nursing was interviewed on 11/03/2020 at 10:15 a.m. She stated when the resident returned from the hospital on [REDACTED] the facility nurse should have reconciled the discharge instructions with the eMAR and review the copied medication sheet from the resident's last day in the facility/transfer day on [REDACTED]. The facility nurse did not reconcile the medications when the resident returned from the hospital on [REDACTED]. The medication [REDACTED] should have been entered in the eMAR and identified as one of the medications to be administered upon return to the facility, as the resident had previously been receiving this medication.</p> <p>The resident was sent to the hospital on [REDACTED] and was admitted with an elevated [REDACTED] level of [REDACTED]. Resident #1 missed at least seven to eight days of twice a day doses of this medication, as [REDACTED] mg was ordered by the physician to be administered by mouth (po) twice a day on [REDACTED]. The resident was sent to the hospital on [REDACTED] and was admitted with an elevated [REDACTED] level of [REDACTED]. Resident #1 missed at least seven to eight days of twice a day doses of this medication, as [REDACTED] mg was ordered by the physician to be administered by mouth (po) twice a day on [REDACTED].</p>	A 935		
-------	---	-------	--	--