STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315485	A. BUILDING _____ B. WING _____	12/19/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARE ONE AT WALL	2621 HIGHWAY 138 WALL, NJ 07719

(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: 12/19/19 CENSUS: 107 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 761 SS=D	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 temperature controls, and permit only authorized personnel to have access to the keys. §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.	F 761		12/31/19

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 12/31/2019

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315485	A. BUILDING _____ B. WING _____	12/19/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARE ONE AT WALL	2621 HIGHWAY 138 WALL, NJ 07719

(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 761	Continued From page 1 This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, it was determined the facility failed to properly store, label and dispose of medications in 3 of 6 medication carts and 1 of 2 medication refrigerators inspected. This deficient practice was evidenced by the following: On 12/13/19 at 10:49 AM, the surveyor inspected the subacute medication cart #2 in the presence of a Licensed Practical Nurse (LPN). The surveyor observed one opened [redacted], one opened bottle [redacted], one opened [redacted], one opened [redacted], one opened [redacted] and one opened [redacted] that were not dated. The surveyor interviewed LPN #1 who stated that an [redacted] should have been dated when opened. On 12/13/19 at 10:55 AM, the surveyor inspected the subacute medication cart #4 in the presence of a Registered Nurse (RN#1). The surveyor observed an opened [redacted] container that was not dated. The surveyor also observed an opened package of [redacted] with an opened date of 10/10/19. The surveyor interviewed RN #1 who stated that [redacted] was now discontinued and should have been removed from active stock. The RN#1 also stated that an opened [redacted] should have	F 761	How the corrective action will be accomplished for those residents found to have been affected by the practice? "Director of Nursing inspected [redacted] medication cart #2 the opened [redacted] that were not dated were removed and disposed safely. Sub acute medication cart #4 opened [redacted] that was not dated was removed and disposed safely. [redacted] with an open date of 10/10/19 was removed and disposed safely. The opened bottle of [redacted] that was not dated was removed and disposed safely. The open vial of [redacted] that was not dated in the medication room refrigerator was removed and disposed safely. The opened [redacted] and opened [redacted] on Medication cart #3 was removed and disposed safely. An open vial of [redacted] that was not dated from the [redacted] floor medication refrigerator was removed and disposed safely. "Director of Nursing disposed medications that were opened and not dated.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315485	A. BUILDING _____ B. WING _____	12/19/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARE ONE AT WALL	2621 HIGHWAY 138 WALL, NJ 07719

(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 761	Continued From page 2 been dated when opened. On 12/13/19 at 11:00 AM, the surveyor inspected the [redacted] medication room refrigerator in the presence of RN #1. The surveyor observed an opened vial of [redacted] that was not dated. The surveyor interviewed RN #1 who stated that an opened vial of [redacted] should have been dated when opened. On 12/13/19 at 11:04 AM, the surveyor inspected the [redacted] medication cart #3 in the presence of LPN #3. The surveyor observed one opened [redacted] that were not dated when opened. The surveyor interviewed LPN #3 who stated that the opened [redacted] should have been dated on the vial when they had been opened. On 12/13/19 at 11:09 AM, the surveyor inspected the [redacted] floor medication refrigerator in the presence of LPN #4. The surveyor found an opened vial of [redacted]) that was not dated. The surveyor interviewed LPN #4 who stated that an opened vial of [redacted] should have been dated. A review of Manufacturer's Specifications for the above medication revealed the following: 1. [redacted] once opened had a 42-day expiration date. 2. [redacted] once opened had a 42-day expiration date. 3. [redacted] once opened had a 28-day expiration date. 4. [redacted] once opened had a 30-day	F 761	"Director of Nursing disposed of discontinued medications. "Director of Nursing disposed the [redacted] that were opened and not dated. How the facility will identify other residents having the potential to be affected by the same deficient practice? " Director of Nursing, Assistant Director of Nursing, and Unit Managers conducted a review of the residents using [redacted], and ensured no other residents have been affected by the deficient practice. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice will not recur? " Director of Nursing and Facility Educator will in-service licensed nursing staff (Registered Nurse, Licensed Practical Nurse) in r/t drugs and biologicals that must have required storage, labeling and expiration dates. " The Pharmacy Consultant in-serviced the nurses in r/t labeling and storage of drugs and biologicals according to accepted professional principles. This includes appropriate accessories, cautionary instructions, and expiration dates. "The Unit Manager and/or designee will conduct a bi-weekly medication cart and	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315485	A. BUILDING _____ B. WING _____	12/19/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARE ONE AT WALL	2621 HIGHWAY 138 WALL, NJ 07719

(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 761	Continued From page 3 expiration date. 5. [redacted] test strips once opened had a 90-day expiration date. 6. [redacted] once opened had a 28-day expiration date. 7. [redacted] vial once opened had a 4-day expiration date. 8. [redacted] vial once opened had a 31-day expiration date. 9. [redacted] once opened had a 30-day expiration date. A review of the facility policy titled Storage of Medication under #5 "Discontinued, outdated, or deteriorated drugs or biologicals are returned to the dispensing pharmacy or destroyed. Dating of opened medication was not reflected in the Storage of Medication policy. NJAC: 8:39-29.4 (a) (h) and (d)	F 761	med room inspection. "The Pharmacy Consultant will conduct a monthly medication cart and medication room inspection. How the facility will monitor its corrective actions to ensure that the deficient practice will not recur i.e. what quality assurance program will be put into place to monitor the continued effectiveness of the systemic changes? " the Assistant Director of Nursing and/or designee will receive a bi-weekly medication room and med care inspection report as part of our monthly QAPI. " The Director of Nursing and/or designee will establish a Quality Assurance Program in r/t drugs/storage/label and biological based on medication and med cart inspection. " The pharmacy consultant will establish a quarterly quality assurance program. The role of QAPI is to monitor and review trends in order to ensure quality Assurance. QAPI will be reviewed monthly and quarterly.	