

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 05A004	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/22/2020
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NAME OF PROVIDER OR SUPPLIER BROOKDALE EMERSON	STREET ADDRESS, CITY, STATE, ZIP CODE 590 OLD HOOK ROAD EMERSON, NJ 07630
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(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 #: NJ00133516; NJ00132106 CENSUS: 58 SAMPLE SIZE: 4 SURVEY DATE: 10/21/20 - 10/22/20</p> <p>The facility is not in substantial compliance with all of the standards in the 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</p>	A 935		

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

TITLE

(X6) DATE

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A 935	<p>Continued From page 1</p> <p>qualified personnel in accordance with prescriber orders, facility or program policy, manufacturer's requirements, cautionary or accessory warnings, and all Federal and State laws and regulations.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review, staff and family interviews, and facility policy review, the facility failed to implement physician orders for a medication change for one of one resident (Resident 1) reviewed for medications.</p> <p>Findings included:</p> <p>A facility policy titled, "Medications and Treatment," revised on 12/2017, noted under Policy Detail 1, "The Community is responsible for obtaining newly ordered medication or refills for medications and treatment orders . . ."</p> <p>Resident 1 was admitted to the facility on [REDACTED] with diagnoses that included disease.</p> <p>A review of Resident 1's physician orders, dated [REDACTED], included an order for [REDACTED] under the brand name [REDACTED] milligrams (mg) four times per day (QID).</p> <p>Resident 1's Personal Service Record, dated</p>	A 935		

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A 935	<p>Continued From page 2</p> <p>██████████, revealed the care plan was discussed with the resident's Power of Attorney (POA) and Resident, and both agreed to have the nurse administer the medications.</p> <p>A review of a ██████████ Physician Follow-Up Note, dated ██████████, revealed under Assessment/Plan: "I recommended cutting back from ██████████ down to ██████████, 1 ½ pills 4 times a day." Orders placed this encounter: ██████████ under the brand name ██████████ mg per tablet.</p> <p>A review of Resident 1's medical record did not reveal an order change from ██████████ O to ██████████ dated ██████████</p> <p>A review of Resident 1's Medication Administration Record (MAR) for ██████████, revealed ██████████ was administered QID daily from 07/12/2019 until 07/31/2019.</p> <p>A review of the MAR for 08/2019 revealed ██████████) was administered QID daily from 08/01/2019 until 08/31/2019.</p> <p>Review of the MAR for 09/2019 revealed ██████████ was administered QID daily from 09/01/2019 until 09/08/2019.</p> <p>An interview was conducted with Resident 1's POA on 10/21/2020 at 1:49 PM. The POA stated ██████████ accompanied Resident 1 to the ██████████ exam on ██████████ and upon return to the facility, gave the prescription of the medication change to the nurse.</p>	A 935		

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A 935	Continued From page 3 An interview was conducted on 10/22/2020 at 9:12 AM with the Clinical Specialist (CS). The CS stated she was not familiar with the resident; however, the facility was responsible to review the recommendations from the consulting physician follow-up, obtain the prescription and send it to the pharmacy. The CS stated there was no order in the system on [REDACTED] for a change to the medications. The CS stated she would have expected staff to follow up after the physician visit and implement medication changes that were ordered. On 10/22/2020 at 1:51 PM, an interview was conducted with the Executive Director (ED), who stated nursing staff working at the time of Resident 1's stay was no longer working at the facility and were unavailable for interview. The ED stated she called the pharmacy to see if an order for [REDACTED] had been received by them and none had been sent in. The ED stated she would have expected the nurse to follow up with the recommendations by the physician and obtain the order to have it filled. Multiple attempts were made to interview the physician but were unsuccessful.	A 935		