

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

PRINTED: 10/06/2021  
FORM APPROVED  
OMB NO. 0938-0391

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                        |   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>315426</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br><br>B. WING _____  |                      | (X3) DATE SURVEY COMPLETED<br><br><b>C</b><br><b>07/14/2021</b> |
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| NAME OF PROVIDER OR SUPPLIER<br><br><b>CARE ONE AT RIDGEWOOD AVENUE</b> |   |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>W-90 RIDGEWOOD AVE</b><br><b>PARAMUS, NJ 07652</b>                  |                      |   |
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| F 000   | INITIAL COMMENTS<br><br>C #: NJ00146560<br><br>Census: 85<br><br>Sample Size: 3<br><br>The facility is not in substantial compliance with the requirements of 42 CFR Part 483, Subpart B, for Long Term Care Facilities based on this complaint survey.   | F 000   |   |                      |   |
| F 609<br>SS=D   | Reporting of Alleged Violations<br>CFR(s): 483.12(c)(1)(4)<br><br>§483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must:<br><br>§483.12(c)(1) Ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to the administrator of the facility and to other officials (including to the State Survey Agency and adult protective services where state law provides for jurisdiction in long-term care facilities) in accordance with State law through established procedures.<br><br>§483.12(c)(4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in | F 609   |   | 7/14/21              |   |

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

TITLE

(X6) DATE

Electronically Signed

08/02/2021

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 609   | <p>Continued From page 1</p> <p>accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken. This REQUIREMENT is not met as evidenced by:</p> <p>C #: NJ00146560</p> <p>Based on interviews and record review, as well as review of pertinent facility documents on 7/14/21, it was determined that the facility failed to report an allegation of elder abuse to the New Jersey Department of Health (NJDOH) and to follow the facility policy on "Abuse Investigation and Reporting" for 1 of 3 residents (Res #2). This deficient practice is evidenced by the following:</p> <p>1. According to the "ADMISSION RECORD (AR)" form, Res #2 was admitted to the facility on [REDACTED] with diagnosis that included but were not limited to: [REDACTED].</p> <p>The Minimum Data Set (MDS), an assessment tool dated [REDACTED], showed that Res #2's cognition was [REDACTED] and required limited assistance from staff in Activities of Daily Living (ADL).</p> <p>The "INVESTIGATION REPORT (IR)," showed that on [REDACTED], the facility investigated an incident involving Res #2. The IR showed Res # 2 verbalized to the Social Worker (SW) that the Resident requesting transfer to another facility because he/she did not understand why the facility had to do a body assessment and felt the Resident should have been able to say no to the body assessment. The IR showed that the Licence Practical Nurse (LPN #1) who performed the body assessment responded to the [REDACTED] [REDACTED] doesn't your husband look at your</p> | F 609   | <p>An investigation was initiated timely. In addition, Social Services reviewed the importance of a body assessment to the educate resident. In addition a follow up phone call was made to the resident after discharge.</p> <p>All residents have the potential to be affected by the deficient practice.</p> <p>Residents assigned to the Nurse and Certified Nursing Assistant were interviewed by the Director of Nursing and/or Social Services to ensure they are comfortable and have no complaints.</p> <p>The Administrator, Director of Nursing and Social Services were re-educated on reporting alleged allegations to the Department of Health.</p> <p>The Administrator, Director of Nursing and Social Services will meet with any resident verbalizing an allegation. The Department of Health will be notified within the time period required.</p> <p>The Administrator will review investigations to ensure prompt reporting. This will be done for 3 weeks and then monthly x3 months. The findings will be reported to the QA committee monthly for</p> |                      |   |

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| F 609   | <p>Continued From page 2</p> <p>██████████".</p> <p>Attached with the IR, the statement from the SW dated ██████████ at 3:09 pm. The SW stated what was written on the IR. The SW wrote "They [LPN #1 and Certified Nursing Aide (CNA #1)] told the Resident it was procedure and they would have to do it. Patient was then transferred to bed and reports both staff members then proceeded to check his/her entire body, including his/her private parts, which the Resident expressed feeling "violated" by".</p> <p>Attached with the IR, the statement from the Nursing Supervisor (NS) dated ██████████. The NS stated that LPN #1 and CNA #1 did a body assessment and looked at his/her ██████████. Resident #2 did not like CNA #1's attitude.</p> <p>Telephone interview with Resident #2 on 7/14/21 from 11:00 am to 1:00 pm, the Resident stated what was on the IR. The Resident stated that he/she felt violated during the body assessment on ██████████ which he/she mentioned to the SW. The Resident stated that he/she mentioned allegation of "elder abuse" to the SW and administration.</p> <p>Interviewed with the SW and NS on 7/14/21 and 7/15/21 from 12:00 pm to 2:00 pm. The SW confirmed what she wrote on her aforementioned statement. She remembered the Resident was very angry and stated "felt violated". The NS stated that the Resident complained about CNA #1's attitude. However, she did not investigate further why the Resident felt that way and she should have.</p> <p>During the interview with the Administrator on</p> | F 609   | 3 months.   |                      |   |

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| F 609   | Continued From page 3<br>7/14/21 at 12:32 pm, she stated that the aforementioned incident was investigated. However, the facility did not report it to the NJDOH.<br><br>The facility's policy titled "Abuse Investigation and Reporting", dated 2001 and revised on 7/2017 showed "...All reports of resident abuse, neglect, exploitation...(abuse) shall be promptly reported to local, state and federal agencies (as defined by current regulations)...Reporting...2. All alleged violation of abuse, neglect, exploitation or mistreatment...will be reported immediately, but not later than: a. Two (2) hours if the alleged violation involves abuse ...b. Twenty-four (24) hours if the alleged violation does not involve abuse AND has not resulted in serious bodily injury. 3. Verbal/written notices to agencies may be submitted via special carrier, fax, e-mail, or by telephone ..." | F 609   |   |                      |   |
| F 755<br>SS=D   | NJAC 8:39-9.4(e)(3)(i)<br>Pharmacy Srvc/Procedures/Pharmacist/Records<br>CFR(s): 483.45(a)(b)(1)-(3)<br><br>§483.45 Pharmacy Services<br>The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.70(g). The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse.<br><br>§483.45(a) Procedures. A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and  | F 755   |   | 8/6/21               |   |

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| F 755   | <p>Continued From page 4</p> <p>biologicals) to meet the needs of each resident.</p> <p>§483.45(b) Service Consultation. The facility must employ or obtain the services of a licensed pharmacist who-</p> <p>§483.45(b)(1) Provides consultation on all aspects of the provision of pharmacy services in the facility.</p> <p>§483.45(b)(2) Establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and</p> <p>§483.45(b)(3) Determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled. This REQUIREMENT is not met as evidenced by:<br/>C #: NJ00146560</p> <p>Based on interviews, review of the medical records, and pertinent facility documents on 7/14/21, it was determined that the facility's staff failed to accurately document and reconcile the administration of controlled medication for 1 of 3 residents (Res #2) reviewed for medication administration. This deficient practice is evidence by the following:</p> <p>1. According to the "ADMISSON RECORD (AR)" form, Res #2 was admitted to the facility on [REDACTED], with diagnosis that included but was not limited to: [REDACTED].</p> <p>The "Order Review Report (ORR)" form dated [REDACTED] showed the following orders:</p> | F 755   | <p>Resident #2 has been discharged from the facility since [REDACTED]</p> <p>An audit was completed on controlled medications taken from the Omnicell and checked against the residents Medication Administration Records.</p> <p>The controlled Medication Records were audited for any discrepancies. Residents receiving narcotics have the potential to be affected.</p> <p>Nurses will be re-educated on documentation when removing medication from the Ominicell, policy and procedures on controlled substance accountability and on documentation on the resident's Medication Administration Record.</p> |                      |   |

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| F 755   | <p>Continued From page 5</p> <p>On [REDACTED] and [REDACTED] showed an order for [REDACTED] tablet [REDACTED] mg (milligram)/ml (milliliter) give 1 tablet by mouth every 12 hours for [REDACTED].</p> <p>The "MEDICATION ADMINISTRATION RECORD (MAR)" for the month of [REDACTED] showed the aforementioned order.</p> <p>The "Omniceil (facility's back up medication)" form for Res #2 dated [REDACTED] showed that on [REDACTED] at 12:00 am signed by the Registered Nurse (RN #1), the [REDACTED] mg was taken from the Omnicell for Res #2. However, it was not documented on the MAR that the aforementioned medication was administered to the Resident on 7/3/21 at 12:00 am. Furthermore, the MAR showed that the aforementioned medication was administered to Res #2 on 7/3/21 at 9:00 pm. However, the Omnicell form did not indicate that the [REDACTED] was taken from the Omnicell for Res #2.</p> <p>The "Controlled Drug Administration Record" showed the aforementioned medication order for Res #2. However, there was no documentation to support that the [REDACTED] medication was administered on the aforementioned dates/time.</p> <p>The surveyor conducted an interview with the Director of Nursing (DON) on 7/14/21 at 4:37 pm. The DON stated controlled medications taken out of the Omnicell must be documented on the resident's MAR and declining sheet.</p> <p>The facility's policy titled "MEDICATION DISPENSING CONTROLLED SUBSTANCES", revised on 1/2015 showed that "...POLICY: I.</p> | F 755   | The Director of Nursing or designee will audit the Omnicell for Controlled Medications against 5 residents Medication Administration Records 2x a week for 3 weeks and then monthly x 3 months. Findings will be reported to the Administrator and reported to the Quality Assurance Committee monthly x 3 months. |                      |   |

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| F 755   | Continued From page 6<br>Controlled dangerous substances are handed by the facility in a manner that promotes prope storage, security and compliance with applicable state and federal regulations...3. DISPENSING OF CONTROLLED DANGEROUS SUBSTANCES...c) A declining inventory sheet will be provided with each dispensed prescription for controlled dangerous substances....c. When a CDS [control drug substance] medication is administered, in addition to following proper procedure for the charting of medication, the nurse must document on the declining inventory sheet the date of administration, the quantity administered...the amount of medication remaining and his/her initials..."<br><br>NJAC 8:39-29.2 (d) | F 755   |   |                      |   |