

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

PRINTED: 09/15/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315306	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 01/26/2021
NAME OF PROVIDER OR SUPPLIER CARE ONE AT NEW MILFORD			STREET ADDRESS, CITY, STATE, ZIP CODE 800 RIVER ROAD NEW MILFORD, NJ 07646		
(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: 1/26/21 Census: 189 Sample Size: 38	F 000			
F 658 SS=D	The facility is not in substantial compliance with the requirements of 42 CFR Part 483, Subpart B, for long term care facilities. Services Provided Meet Professional Standards CFR(s): 483.21(b)(3)(i) §483.21(b)(3) Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (i) Meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review it was determined that the facility failed to complete a [redacted] treatment in accordance with the physician's order. This was identified for [redacted] residents (Residents [redacted] reviewed for [redacted] treatments. The deficient practice was evidenced by the following: Reference: New Jersey Statues, Annotated Title 45, Chapter. Nursing Board The Nurse Practice Act for the State of New Jersey states; "The practice of nursing as a registered professional nurse is defined as diagnosing and treating human responses to actual or potential physical and emotional health problems, through such	F 658	#1 Resident [redacted]; Attending physician and [redacted] physician were notified of treatment provided to resident. No negative outcome noted. New treatment orders obtained. #2 Resident with [redacted] care have the potential to be affected. Physician orders for those receiving [redacted] care were reviewed for accuracy and clarity with no negative findings. #3 The RN Facility Educator or designee to re-educate staff nurses on the facility policy and procedure for treatment administration and [redacted] treatment orders.	2/26/21	

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

TITLE

(X6) DATE

Electronically Signed

02/05/2021

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315306	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 01/26/2021
NAME OF PROVIDER OR SUPPLIER CARE ONE AT NEW MILFORD			STREET ADDRESS, CITY, STATE, ZIP CODE 800 RIVER ROAD NEW MILFORD, NJ 07646		
(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 658	<p>Continued From page 1</p> <p>services as case finding, health teaching, health counseling, and provision of care supportive to or restorative of life and well being, and executing a medical regimens as prescribed by a licensed or otherwise legally authorized physician or dentist."</p> <p>Reference: New Jersey Statutes Annotated, Title 45, Chapter 11. Nursing Board. The Nurse Practice Act for the State of New Jersey states: The practice of nursing as a licensed practical nurse is defined as performing tasks and responsibilities with in the framework of case finding; reinforcing the patient and family teaching program through health teaching, health counseling and provision of supportive and restorative care, under the direction of a registered nurse or licensed or otherwise legally authorized physician or dentist."</p> <p>On Executive Order 26 at 11:23 AM, the surveyor observed a Executive Order 26 treatment to the Executive Order 26, 4.b. of Resident # Executive Order 26. The Executive Order 26 treatment was done by the Licensed Practical Nurse (LPN) who was assigned to Resident # Executive Order 26. There was a second LPN present for the treatment who was identified as the facility's Executive Order 26 nurse. According to the Executive Order 26 nurse and the LPN, the Executive Order 26 nurse was present to assist with positioning the resident. The Executive Order 26 nurse and the LPN washed their hands and began the Executive Order 26 treatment.</p> <p>The LPN set up a clean field after cleaning the overbed table and placing a barrier on the table to establish a clean field. The LPN placed items for the procedure on the clean field such as gauze, Executive Order 26 and Executive Order 26, 4.b. (a protective ointment used to relieve symptoms associated with prolonged exposure to moisture) which she squeezed from a tube into a plastic medicine cup</p>	F 658	<p>The Unit Manager or designee will observe/audit 3 residents with Executive Order 26 weekly. To complete a Executive Order 26 treatment in accordance with physician orders. Executive Order 26 observations will be completed for 1 month then monthly for 2 months.</p> <p>#4 The DON or designee will review and present the findings of Executive Order 26 Treatment observations monthly to the QAPI Committee for review of compliance and to determine if further performance activities are needed.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315306	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 01/26/2021
NAME OF PROVIDER OR SUPPLIER CARE ONE AT NEW MILFORD		STREET ADDRESS, CITY, STATE, ZIP CODE 800 RIVER ROAD NEW MILFORD, NJ 07646		
(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)	
F 658	<p>Continued From page 2 and placed it on the clean field with the other items.</p> <p>The [redacted] nurse positioned the resident and the LPN removed the dressing from the [redacted] cleaned the [redacted] with Executive Order 26, 4.b., applied the [redacted] with a gauze pad to the inside of the [redacted], then placed a border gauze on top.</p> <p>The surveyor asked the LPN to review the order as the surveyor watched. The LPN showed the surveyor the order on the Electronic Treatment Administration Record (ETAR) that read "[redacted] paste to [redacted] daily and cover with dry dressing every day shift for [redacted] care." The surveyor asked the LPN if she knew the meaning of [redacted]. The LPN did not answer. The surveyor explained that the [redacted] is the skin surrounding the [redacted]. The LPN did not answer.</p> <p>On [redacted] at 12:15 PM, the surveyor reviewed the medical record for Resident # [redacted] which revealed the following:</p> <p>According to the face sheet the resident had been admitted to the facility with diagnoses which included Executive Order 26, 4.b. [redacted]</p> <p>The Physician's Order Sheet (POS) included an order that read "Executive Order 26, 4.b. [redacted] daily and cover with dry dressing every day shift for [redacted] care." The start date for the order was 9/18/20. A second physician's order concerning the [redacted] which read Executive Order 26, 4.b. Apply to [redacted] topically every evening shift for [redacted] care. Apply post NS and cover with dry dressing daily." The start date</p>	F 658		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315306	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 01/26/2021
NAME OF PROVIDER OR SUPPLIER CARE ONE AT NEW MILFORD		STREET ADDRESS, CITY, STATE, ZIP CODE 800 RIVER ROAD NEW MILFORD, NJ 07646		
(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 658	<p>Continued From page 3</p> <p>for the order was [redacted]. The prior order concerning the [redacted] read "Cleanse with Executive Order 26, 4.b. and cover with dry dressing daily, every evening shift for [redacted] care." The start date for that order was [redacted] and it had a stop date of [redacted].</p> <p>The most recent Minimum Data Set, an assessment tool dated [redacted], indicated that the resident scored a Executive Order 26, 4.b.</p> <p>[redacted]</p> <p>On [redacted] at 12:30PM the surveyor asked the Unit Manager/Registered Nurse (UM/RN) about the physician's order for [redacted] to the [redacted]. The UM/RN explained that the order was to apply the [redacted] paste around the [redacted].</p> <p>The Surveyor then spoke with the [redacted] Nurse and asked what the order meant, she agreed that the order meant to apply the [redacted] around the [redacted] and that there was no cleansing of the [redacted] ordered for the day shift. The [redacted] nurse further stated that the order was confusing and she would contact the doctor for clarification.</p> <p>The surveyor noticed on the ETAR that most days the LPN who had been observed doing the [redacted] treatment was the LPN who had signed for the treatment. The surveyor asked the LPN if she did the [redacted] treatment every day the way she had done it today. She said the order was always changing. The surveyor pointed out to the LPN that the treatment order had been in effect since 9/18/20. The LPN did not respond.</p>	F 658		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315306	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 01/26/2021
NAME OF PROVIDER OR SUPPLIER CARE ONE AT NEW MILFORD		STREET ADDRESS, CITY, STATE, ZIP CODE 800 RIVER ROAD NEW MILFORD, NJ 07646		
(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 658	Continued From page 4 On Executive Order 26 at 9:00 AM the surveyor reviewed the facility's policy and procedure titled "Clean Dressing Change." Under the heading "Process" number 1 read; "Review physician's order for wound cleansing and treatment." Number 5 read; "Clean the Executive Order as indicated or according to physician's order." Number 6 read: "Treat the Executive Order as ordered by applying any medicated ointments, packings, etc."	F 658		
F 695 SS=D	NJAC 8:39-27.1 (a) Respiratory/Tracheostomy Care and Suctioning CFR(s): 483.25(i) § 483.25(i) Respiratory care, including tracheostomy care and tracheal suctioning. The facility must ensure that a resident who needs respiratory care, including tracheostomy care and tracheal suctioning, is provided such care, consistent with professional standards of practice, the comprehensive person-centered care plan, the residents' goals and preferences, and 483.65 of this subpart. This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review and review of facility documents, it was determined that the facility failed to obtain a physician's order for the use of Executive Order 26 and failed to maintain safe cleaning and storage of Executive Order 26 (a) Executive Order 26, 4.b. Executive Order 26 equipment according to professional standards of practice. This deficient practice was observed for Executive Order 26 of 3 residents (Resident Executive Order 26 and # Executive Order 26 reviewed for Executive Order 26 use and was evidenced by the following:	F 695	#1 Resident Executive Order 26 Tubing and machine were replaced. No negative effect noted to the resident. Resident Executive Order 26 : O2 saturation measured and reported to the attending physician for review with no negative effect observed. Physician order for Executive Order 26 obtained and implemented. #2 Residents who receive Executive Order 26 or passive airway pressure have the potential to be affected. Physician orders were reviewed for those on Executive Order 26 , Executive Order 26 and Executive Order 26 for accuracy with no untoward	2/26/21

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315306	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/26/2021
NAME OF PROVIDER OR SUPPLIER CARE ONE AT NEW MILFORD		STREET ADDRESS, CITY, STATE, ZIP CODE 800 RIVER ROAD NEW MILFORD, NJ 07646	
(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)
F 695	<p>Continued From page 5</p> <p>1. On ^{Executive Order 26} at 11 AM, the surveyor observed Resident ^{Executive Order 26} in bed awake and alert to person, place and date. The resident was receiving Executive Order 26, 4.b.</p> <p>The surveyor observed the tubing was dated ^{Executive Order 26}. During the interview, the surveyor observed a ^{Executive Order 26, 4.b.} machine on top of the resident's dresser.</p> <p>The surveyor asked the resident about the use of the ^{Executive Order 26} machine. The resident stated that the 3-11 shift nurse places the face mask and connects the tubing to the machine each night to help her breathe easy as he/she sleeps and the 11-7 shift nurse removes the mask and tubing at approximately 6 AM.</p> <p>The surveyor observed the ^{Executive Order 26} mask and tubing lying in the top drawer of the dresser co-mingled with other items in the drawer. The surveyor also observed approximately one quarter inch of water inside the water chamber that was attached to the ^{Executive Order 26} machine and there was condensation of water droplets throughout the chamber. The ^{Executive Order 26} tubing attached to the ^{Executive Order 26} had a change date of ^{Executive Order 26}.</p> <p>Resident ^{Executive Order 26} stated at that time that the mask, tubing and water chamber should be cleaned after each use but the nurses were not cleaning it. The resident stated "I wish they would clean it everyday. I don't understand why they don't." When the surveyor asked the resident how it made her/him feel, the resident responded that "it upsets me, at least they could wipe the mask clean, I tell them but they don't do it." The resident stated as recent as the morning of ^{Executive Order 26}, the nurse did not clean the equipment.</p>	F 695	<p>findings. For those residents with a ^{Executive Order 26} the equipment and tubing was audited with no negative findings.</p> <p>#3 RN Facility educator or designee to re-in-service nursing on need for current physician orders for residents on continuous ^{Executive Order 26} use and to care plan for such. RN Facility educator and respiratory therapist to provide nursing staff the care and cleaning recommendations for ^{Executive Order 26, 4.b.}</p> <p>DON or designee will review residents receiving continuous ^{Executive Order 26} for current physician orders during morning report for 3 months. DON or designee will observe/audit 3 residents receiving ^{Executive Order 26}, ^{Executive Order 26, 4.b.} care weekly for 3 months then monthly for 3 months.</p> <p>#4 The DON or designee will review and present the findings of ^{Executive Order 26} order review and ^{Executive Order 26, 4.b.} care observation audit to the QAPI committee monthly for 3 months or until resolved.</p>

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

PRINTED: 09/15/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315306	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 01/26/2021
NAME OF PROVIDER OR SUPPLIER CARE ONE AT NEW MILFORD		STREET ADDRESS, CITY, STATE, ZIP CODE 800 RIVER ROAD NEW MILFORD, NJ 07646		
(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 695	<p>Continued From page 6</p> <p>On Executive Order 26, 4.b at 12:40 PM, the surveyor observed the Executive Order 26, 4.b machine water chamber with the approximately one quarter inch water at the bottom of the chamber. The surveyor observed the mask and tubing secured in a plastic bag. The resident stated "they still haven't cleaned my equipment." The resident further stated that she/he stopped asking for the equipment to be cleaned because the nurses didn't do it.</p> <p>At Executive Order 26, 4.b, the surveyor interviewed the Licensed Practice Nurse (LPN #1) who was assigned to the resident. LPN #1 stated that she didn't notice that there was water left in the water chamber and wasn't aware that the equipment was not cleaned after use. She stated the 11-7 shift was responsible for removing and cleaning the Executive Order 26, 4.b equipment.</p> <p>At 1 PM, the surveyor spoke to the Registered Nurse Unit Manager (RNUM). The RNUM confirmed that 11-7 shift nurses were responsible for cleaning the equipment after each use. The RNUM was not aware of the resident's concerns nor was she aware that the equipment wasn't being clean.</p> <p>The surveyor reviewed Resident # Executive Order 26, 4.b's medical record that revealed the following:</p> <p>According to the Admission Record, Resident Executive Order 26, 4.b was admitted in Executive Order 26, 4.b with diagnoses that included Executive Order 26, 4.b.</p> <p>The Quarterly Minimum Data Set (MDS) an assessment tool dated Executive Order 26, 4.b, indicated that the facility performed a Brief Interview for Mental</p>	F 695		

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

PRINTED: 09/15/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315306	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 01/26/2021
NAME OF PROVIDER OR SUPPLIER CARE ONE AT NEW MILFORD		STREET ADDRESS, CITY, STATE, ZIP CODE 800 RIVER ROAD NEW MILFORD, NJ 07646		
(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 695	<p>Continued From page 7</p> <p>Status ^{Executive Order 26, 4.b.} to determine the resident's ^{Executive Order 26, 4.b.} The resident scored a ^{Executive Order 26, 4.b.}</p> <p>The ^{Executive Order 26, 4.b.} Order Summary Report revealed the resident had a physician's order for ^{Executive Order 26, 4.b.} to be placed on at 10:15 PM and removed at 7:00 AM. There was an additional physician's order for the tubing and chamber to be changed monthly for ^{Executive Order 26, 4.b.} maintenance. However, there was no physician's order to maintain the cleaning and proper storage of the ^{Executive Order 26, 4.b.} equipment after each use.</p> <p>The ^{Executive Order 26, 4.b.} Electronic Treatment Record (ETAR) showed that there was no physician's order for the proper cleaning and storage of the ^{Executive Order 26, 4.b.} after each use. The nurses were signing that the ^{Executive Order 26, 4.b.} was placed on at 10:15 PM and removed at 7:00 AM.</p> <p>Resident ^{Executive Order 26, 4.b.}'s care plan ^{Executive Order 26, 4.b.} ^{Executive Order 26, 4.b.} included one intervention under Intervention/ Tasks dated 1/16/20: "^{Executive Order 26, 4.b.} check skin integrity q shift." There were no other interventions to include the safe care and proper storage of the ^{Executive Order 26, 4.b.} equipment after use.</p> <p>At 1:45 PM, the surveyor discussed the above concern with the Administrator and Director of Nursing (DON) and requested the policy and procedure for ^{Executive Order 26, 4.b.} care.</p> <p>On ^{Executive Order 26, 4.b.} at 9:30 AM, the surveyor interviewed an RN who worked 11-7 shift. She stated she cleans the mask with a "wipe." The surveyor</p>	F 695		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315306	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 01/26/2021
NAME OF PROVIDER OR SUPPLIER CARE ONE AT NEW MILFORD			STREET ADDRESS, CITY, STATE, ZIP CODE 800 RIVER ROAD NEW MILFORD, NJ 07646		
(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 695	<p>Continued From page 8</p> <p>asked if the mask was only to be wiped after use. The RN stated she cleans the mask, tubing and water chamber with soap and water and allows the equipment to air dry. When the surveyor informed the RN of the observations and the resident's concern that the [redacted] equipment was not cleaned, she had no further comment. The surveyor was not able to contact the other 11-7 shift nurses identified on the ETAR for comment.</p> <p>The surveyor reviewed the facility's policy titled CO CPAP/BiPAP Support dated 6/7/18 that revealed under General Guidelines for Cleaning: "Daily Masks and nasal pillows: clean daily with mild soap and warm water. Rinse thoroughly with warm water and allow to air dry. Weekly Headgear (strap) & Tubing: Clean weekly with mild soap and warm water. Rinse thoroughly with warm water and allow it to air dry. Machine cleaning: Wipe machine with damp cloth once a week and as needed. Humidifier, a. Use clean, distilled or sterile water only in the humidifier chamber. Avoid leaving water in the chamber between uses. b. Clean humidifier weekly with warm water and mild soap; air dry. Filter cleaning; Rinse washable filter under running water once a week to remove dust and debris. Replace the filter at least once a year. Monthly: Replace disposable filters monthly."</p> <p>2. On [redacted] at 11:08 AM the surveyor observed Resident # [redacted] in bed receiving [redacted] Executive Order 26, 4.b. The [redacted] Executive Order 26, 4.b was set at slightly above [redacted]</p> <p>On [redacted] at 12:00 PM the surveyor observed Resident # [redacted] in bed receiving [redacted] Executive Order 26, 4.b. The [redacted] Executive Order 26, 4.b was set at</p>	F 695			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315306	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 01/26/2021
NAME OF PROVIDER OR SUPPLIER CARE ONE AT NEW MILFORD		STREET ADDRESS, CITY, STATE, ZIP CODE 800 RIVER ROAD NEW MILFORD, NJ 07646		
(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)	
F 695	<p>Continued From page 9 slightly above [redacted]</p> <p>On [redacted] at 12:17 PM the surveyor reviewed the resident's medical record which revealed the following:</p> <p>According to the resident's face sheet the resident was Executive Order 26, 4.b. [redacted]</p> <p>The most recent Minimum Data Set (MDS) an assessment tool dated [redacted], revealed the resident Executive Order 26, 4.b. when the Brief Interview for Mental Status was done, which indicated the Executive Order 26, 4.b.</p> <p>The surveyor reviewed the physician's order sheet (POS) for [redacted] and it did not include a physician's order for [redacted]. The only order associated with [redacted] read "change nasal cannula every week on wed one time a day every Wed" and it had a start date of 10/9/19.</p> <p>On [redacted] at 12:26 PM the surveyor spoke with LPN #3 who was assigned to Resident [redacted]. The surveyor asked LPN #3 where the physician's order for [redacted] was. LPN #3 checked the POS and did not see an order. The surveyor asked how long the resident had been receiving [redacted]. LPN #3 stated "She's been using the [redacted] for as long as I've been here. I've been here a year. They should have an order if they are on [redacted]." She looked again and there was no physician's order for the [redacted]. She said she would call the physician.</p> <p>On [redacted] at 11:14 AM the surveyor observed</p>	F 695		

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

PRINTED: 09/15/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315306	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 01/26/2021
NAME OF PROVIDER OR SUPPLIER CARE ONE AT NEW MILFORD		STREET ADDRESS, CITY, STATE, ZIP CODE 800 RIVER ROAD NEW MILFORD, NJ 07646		
(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 695	<p>Continued From page 10</p> <p>the resident in bed receiving Executive Order 26, 4.b.</p> <p>Executive Order 26, 4.b. The Executive Order 26, 4.b. was set at Executive Order 26, 4.b.</p> <p>The surveyor reviewed a physician's order dated Executive Order 26, 4.b. at 06:22 AM which read Executive Order 26, 4.b. Liters/minute Via: NC every shift.</p> <p>On Executive Order 26, 4.b. at 1:22 PM the surveyor spoke with LPN #3 who was assigned to the resident and asked about the physician's order for Executive Order 26, 4.b. LPN #3 didn't know about the order. She looked at the POS and said "I don't know, it does say Executive Order 26, 4.b. let me find out." LPN #3 went to another LPN (LPN #4) and asked about the new physician's order for Executive Order 26, 4.b.</p> <p>The surveyor spoke with LPN #4 and asked her about the new physician's order for Executive Order 26, 4.b. LPN #4 explained that when she started her shift that day she noticed that another nurse had obtained a physician's order for Executive Order 26, 4.b. The LPN explained that she knew the resident well and the resident needed more than Executive Order 26, 4.b. because at Executive Order 26, 4.b. the resident's Executive Order 26, 4.b. level would decrease.</p> <p>LPN #4 said she called the physician and obtained an Executive Order 26, 4.b. The surveyor reviewed the resident's Executive Order 26, 4.b. for the month of Executive Order 26, 4.b. which were recorded on the Medication Administration Record and they were all between Executive Order 26, 4.b.</p> <p>On Executive Order 26, 4.b. at 1:00 PM, the survey team spoke with the Administrator and the Director of Nursing (DON) and shared the concern of Resident # Executive Order 26, 4.b. receiving Executive Order 26, 4.b. without a physician's order. The DON stated that she knew the</p>	F 695		

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

PRINTED: 09/15/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315306	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 01/26/2021
NAME OF PROVIDER OR SUPPLIER CARE ONE AT NEW MILFORD			STREET ADDRESS, CITY, STATE, ZIP CODE 800 RIVER ROAD NEW MILFORD, NJ 07646		
(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 695	Continued From page 11 resident did have a physician's order for the Executive Order 26, 4.B in the past but it must have gotten dropped at some point. On Executive Order 26 at 9:00 AM the surveyor reviewed the facility's policy and procedure titled Executive Order 26 Administration." Under the heading "Purpose" it read "The purpose of this procedure is to provide guidelines for safe Executive Order 26 administration." Under the heading "Preparation" number one read "Verify that there is a physician's order for this procedure." NJAC 8:39-27.1(a)	F 695			

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 315306	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	Y2	DATE OF REVISIT 3/2/2021	Y3
NAME OF FACILITY CARE ONE AT NEW MILFORD			STREET ADDRESS, CITY, STATE, ZIP CODE 800 RIVER ROAD NEW MILFORD, NJ 07646		

This report is completed by a qualified State surveyor for the Medicare, Medicaid and/or Clinical Laboratory Improvement Amendments program, to show those deficiencies previously reported on the CMS-2567, Statement of Deficiencies and Plan of Correction, that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the CMS-2567 (prefix codes shown to the left of each requirement on the survey report form).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix F0658	Correction	ID Prefix F0695	Correction	ID Prefix	Correction
Reg. # 483.21(b)(3)(i)	Completed	Reg. # 483.25(i)	Completed	Reg. #	Completed
LSC	03/02/2021	LSC	03/02/2021	LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	

REVIEWED BY STATE AGENCY <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE

FOLLOWUP TO SURVEY COMPLETED ON 1/26/2021

CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? YES NO