

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

PRINTED: 05/20/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315176	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 02/26/2021
NAME OF PROVIDER OR SUPPLIER MEDFORD CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 185 TUCKERTON ROAD MEDFORD, NJ 08055		
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F 000	INITIAL COMMENTS Survey: 2/26/21 CENSUS: 107 SAMPLE: 22+18=40 A Recertification Survey was conducted to determine compliance with 42 CFR Part 483, Requirements for Long Term Care Facilities. Deficiencies were cited for this survey. A COVID-19 Focused Infection Control Survey was conducted in conjunction with the recertification survey. The facility was found to be in compliance with 42 CFR §483.80 infection control regulations as it relates to the CMS and Centers for Disease Control and Prevention (CDC) recommended practices for COVID-19.	F 000			
F 759 SS=D	Free of Medication Error Rts 5 Prcnt or More CFR(s): 483.45(f)(1) §483.45(f) Medication Errors. The facility must ensure that its- §483.45(f)(1) Medication error rates are not 5 percent or greater; This REQUIREMENT is not met as evidenced by: Based on observation, interview, and review of medical records and other facility documentation, it was determined that the facility failed to maintain a medication error rate of less than 5%. This deficient practice was identified for 2 of 3 nurses administering medications to 3 of 7 residents (Resident #21, #26, and #75), making 3 errors out of 28 medication opportunities, resulting in a medication error rate of 10%.	F 759	1. Residents #21 and 75 were monitored for adverse effects of medications not being administered timely and with food. Physician was notified. Resident #26 was monitored for adverse effects due to [REDACTED] not being administered as ordered. Physician was notified. 2. All residents may be affected by the medications not being administered as	3/22/21	

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

TITLE

(X6) DATE

Electronically Signed

03/19/2021

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 759	<p>Continued From page 1</p> <p>This deficient practice was evidenced by the following:</p> <p>On 2/23/21 at 8:15 AM, two surveyors observed a Licensed Practical Nurse (LPN #1) administer medications to Resident #26. The LPN #1 prepared three by mouth (PO) medications and [REDACTED], an [REDACTED] medication. After administering the PO medications to the resident, LPN #1 administered [REDACTED] of the [REDACTED] to the resident's [REDACTED] and [REDACTED] to the resident's [REDACTED]. LPN #1 stated to the resident, "[REDACTED]". After administration, the LPN #1 signed off in the Medication Administration Record (MAR) that the [REDACTED] medication was administered.</p> <p>The surveyors obtained and reviewed the [REDACTED] Physician's Order Summary (POS) for Resident #26, which included an order for "[REDACTED]" with instructions to "[REDACTED] into [REDACTED] three times daily [Diagnosis: [REDACTED]]" (Error #1).</p> <p>On 2/23/21 at 9:23 AM, two surveyors observed a second Licensed Practical Nurse (LPN #2) administer medications to Resident #75. The LPN #2 prepared five PO medications, one of which included a [REDACTED] milligram (mg) tablet (tab), a [REDACTED] medication. When LPN #2 entered the resident's room with the two surveyors, the resident's breakfast tray was observed at the resident's bedside; LPN #2 acknowledged that the resident did not eat breakfast. The LPN #2 then administered the resident's PO medications, including the [REDACTED].</p> <p>The surveyors and LPN #2 reviewed the [REDACTED].</p>	F 759	<p>ordered.</p> <p>3. All licensed staff were re-educated by the Unit Managers and Director of Nursing (DON) on following guidelines, timeliness of medication administration and physicians orders.</p> <p>4. The Unit Managers will perform 2 random medication administration audits per week to ensure medications are being administered timely, manufactures guidelines are followed and medication are being administered per physician orders. Findings will be reported at QAPI meetings monthly for 3 months.</p>		

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F 759	<p>Continued From page 2</p> <p>██████ MAR for Resident #75, which included an order for "██████ mg Tablet" scheduled at 8:00 AM and 5:00 PM with instructions of "1 tab by mouth twice daily [Diagnosis: ██████]" and a pharmacy cautionary of "Medication has boxed warning. Take with or [immediately] after meal" (Error #2).</p> <p>On 2/23/21 at 9:55 AM, two surveyors observed LPN #2 administer medications to Resident #21. The LPN #2 prepared seven PO medications, one of which included a ██████ mg tablet (██████ medication). When LPN #2 entered the resident's room, the resident did not have a meal tray. LPN #2 did not inquire to the resident if they had eaten a meal prior to administering the resident's medications, which included the ██████ tablet. The surveyor asked the resident what time they had eaten breakfast, and the resident stated he/she was unsure but thought it was around 9:00 AM.</p> <p>The surveyors and LPN #2 reviewed the ██████ MAR for Resident #21, which included an order for ██████ mg Tablet" scheduled at 8:00 AM and 4:00 PM with instructions of "1 tab by mouth twice daily [Diagnosis: ██████] and a pharmacy cautionary of "Take with ██████ meal of the day" (Error #3).</p> <p>During an interview with the surveyors on 2/23/21 at 10:10 AM, LPN #2 stated that there was a medication timeframe window that allowed nurses to administer medications up to one hour before and one hour after the scheduled medication administration time. LPN #2 also stated that Resident #75 ate crackers and drank apple juice and soda at approximately 7:00 AM that morning, but was unsure if the resident had anything to eat afterward. The LPN #2 further stated that it is</p>	F 759		

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F 759	<p>Continued From page 3</p> <p>important to administer medications with a meal when instructed in order to avoid having side effects from the medication.</p> <p>During an interview with the surveyors on 2/25/21 at 9:05 AM, the Unit Manager (UM) stated the medication timeframe window to administer medications was up to one hour before and one hour after the scheduled medication time. The UM also said that medications that have instructions to be given with a meal should be administered with a meal, and if the resident did not eat their meal, the medication should be held, and the doctor notified. The UM further stated that it is important to administer medications according to the manufacturer's instructions to avoid side effects and to ensure the medication worked effectively.</p> <p>During an interview with the surveyors on 2/25/21 at 9:16 AM, the Director of Nursing (DON) stated the medication timeframe window to administer medications was up to one hour before and one hour after the scheduled medication time. The DON also said that medications that had instructions to be given with a meal should be administered within 15 minutes before or after a meal; if a resident refused their meal, the doctor should be contacted to determine whether or not the medication should be administered. The DON stated that it was important to administer medications according to the manufacturer's instructions to avoid side effects.</p> <p>A review of the manufacturer's guidelines for [REDACTED], revised February 2008, contained a section titled, Dosage and Administration, which included, [REDACTED] should be taken with or immediately following meals."</p>	F 759			

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F 759	Continued From page 4 A review of the manufacturer's guidelines for [REDACTED], revised May 2009, contained a section titled, Dosage and Administration, which included, "administered with breakfast or the first main meal." Review of the facility's Medication Administration Observation form, revised 2/23/21, included, "All cautionaries are followed for the preparation and administration of medications," "Resident receives ... correct dosage," and "Medication pass is completed 1 hour before or after designated time. With meals - within 15 minutes of resident's meal." Review of the facility's Medication and Treatment Record Administration policy, revised 10/16, included, "6. Medications are administered as follows: a. Verify physician's order for medication administration" and "p. Administer medication according to manufacturer's guidelines and pharmacy cautionaries."	F 759			
F 812 SS=D	NJAC 8:39 - 29.2(d) Food Procurement, Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2) §483.60(i) Food safety requirements. The facility must - §483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities. (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations. (ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices.	F 812		3/23/21	

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F 812	<p>Continued From page 5</p> <p>(iii) This provision does not preclude residents from consuming foods not procured by the facility.</p> <p>§483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety. This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview, and review of documentation provided by the facility, it was determined that the facility failed to maintain proper kitchen sanitation practices to limit the development of foodborne illness.</p> <p>This deficient practice was evidenced by the following:</p> <p>On 02/19/21 at 10:45 AM, during the initial tour of the kitchen and in the presence of the Food Service Director (FSD), the surveyor observed the following:</p> <p>1. A Dietary Aide (DA) was in the kitchen and was wearing a hairnet. The DA's bangs were exposed and uncovered by her hairnet. The DA stated that the purpose of the hairnet was to keep hair from falling into the food. The DA stated that she did not realize her bangs were not covered and inside the hair net. The FSD noted that the DA's hair should have been completely contained in the hairnet to avoid hair falling into the food.</p> <p>2. A Dietary Supervisor (DS) was observed wearing a surgical mask with his beard hair exposed outside of the surgical mask. The surgical mask was not completely covering his facial beard hair. The DS stated that he should have had a beard guard to prevent any loose hair from falling into the food.</p>	F 812	<ol style="list-style-type: none"> 1. Food Service Director and Assistant Food Service Director addressed all areas that were identified during the survey at the time of discovery, including cleaning of equipment and food products, beard guards and hair nets. Staff were immediately inspected to ensure that beard guards and hair nets were being worn properly. Equipment and food products were cleaned as required. 2. All equipment and food products that are required to be cleaned were inspected and immediately cleaned by the Food Service Director and the Assistant Food Service Director. 3. All staff were re-educated on cleaning procedures and proper donning of beard guards and hair nets by the Food Service Director. 4. Food Service director or Registered Dietitian will complete random weekly audits for 12 weeks. These audits will include proper sanitation of all equipment and infection control procedures as they relate to beard guards and hair nets. Any issues will be addressed immediately. Results will be reviewed at the month QAPI meetings for 3 months. 		

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F 812	<p>Continued From page 6</p> <p>3. A container of liquid seasoning sauce was located on the spice rack. The liquid seasoning sauce was observed with a sticky brown substance with multiple dried drips noted on the outside of the container. The FSD took a white paper towel and attempted to remove the substance but could not easily remove it. He stated that it "obviously had not been cleaned after it was last used." The FSD further stated that the liquid seasoning container should not have had the sticky brown substance dripping outside of the container because it could transfer contaminants to other foods. The FSD stated that spices should be wiped down every day and as needed if visibly dirty.</p> <p>4. A large stand-up mixer had a white substance/ splash marks on the underside of the mixer. The FSD stated that the mixer should be clean and sanitized before and after each use. He noted that the white splash marks should not have been there. The FSD stated that the mixer had not been used that day, and it obviously did not get cleaned properly the last time it was used.</p> <p>A review of the facility's "Food Services Personnel Personal Hygiene" policy with a revised date of 12/2020 revealed under Hair: 5.3 The net should completely cover all of the hair and will be worn at all times while working in the kitchen.</p> <p>A review of the facility's "Food Equipment Sanitization" policy with a reviewed date of 12/2020 revealed under Policy: All equipment will be properly cleaned and sanitized following all regulation. Procedure: 2. Follow all equipment usage and sanitation guidelines for each individual piece of equipment. 3. All food contact surfaces cleaned must be free of any debris, grease, or any other contaminants at all times</p>	F 812		

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F 812	Continued From page 7 before any use can occur. A review of the facility's weekly "Medford Care Center Daily Cleaning Grid" for 2021 revealed tasks that included cleaning and labeling all spices on the shelf and spice rack and Clean Mixer & Slicer. NJAC 8:39-17.2(g)	F 812			
F 880 SS=D	<p>Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f)</p> <p>§483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections.</p> <p>§483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements:</p> <p>§483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards;</p> <p>§483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to: (i) A system of surveillance designed to identify possible communicable diseases or</p>	F 880		4/17/21	

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F 880	<p>Continued From page 8</p> <p>infections before they can spread to other persons in the facility;</p> <p>(ii) When and to whom possible incidents of communicable disease or infections should be reported;</p> <p>(iii) Standard and transmission-based precautions to be followed to prevent spread of infections;</p> <p>(iv) When and how isolation should be used for a resident; including but not limited to:</p> <p>(A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and</p> <p>(B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.</p> <p>(v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and</p> <p>(vi) The hand hygiene procedures to be followed by staff involved in direct resident contact.</p> <p>§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.</p> <p>§483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.</p> <p>§483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and facility documentation review, it was determined that the facility failed to follow appropriate hand hygiene</p>	F 880	<p>1. The nurse was re-educated on proper hand washing procedures during medication administration. Resident #26</p>		

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F 880	<p>Continued From page 9</p> <p>practices. This deficient practice was observed for 1 of 3 nurses who administered medications to 2 of 7 residents during the medication pass (Resident #20 and #26).</p> <p>This deficient practice was evidenced by the following:</p> <p>On 2/23/21 at 8:15 AM, two surveyors observed a Licensed Practical Nurse (LPN) administer medications to Resident #26. The LPN administered the resident's oral medications and then immediately donned gloves to administer [REDACTED] an [REDACTED] medication, into the resident's [REDACTED]. The LPN did not perform hand hygiene between administering the oral medications and [REDACTED] medications. After administering the [REDACTED], the LPN washed her hands for 12 seconds.</p> <p>On 2/23/21 at 8:32 AM, two surveyors observed the same LPN administer medications to Resident #20. Afterward, the LPN washed her hands for five seconds, rinsed her hands with water, reapplied soap, and washed her hands for another five seconds.</p> <p>During an interview with the surveyors on 2/23/21 at 8:50 AM, the LPN stated hand hygiene is performed before and after administering medications, and that hand hygiene must be performed before and after administering eye drops specifically. The LPN further noted that the process for handwashing included applying friction with soapy hands for 15 to 20 seconds.</p> <p>During an interview with the surveyors on 2/24/21 at 11:21 AM, the Infection Preventionist (IP) stated that hand hygiene is performed before and after administering [REDACTED]. The IP also noted</p>	F 880	<p>was monitored for adverse effects.</p> <p>2. All residents may be affected by staff not properly following handwashing procedures during medication administration procedures.</p> <p>3. All staff were given competencies on proper handwashing procedures. All nurses were re-educated on proper handwashing procedures during medication administration. Root Cause Analysis was completed. During the RCA, during survey employee inadvertently did not follow protocol for hand hygiene as she was apprehensive due to the fact that she was being monitored. Employee was able to verbalize understand and was able to demonstrate hand hygiene procedures when competency was done. The management team viewed Module One of the Infection Preventionalist Training Course on 4/1/2021. Staff viewed the CDC COVID-19 Prevention Messages for Front Line Long-Term Care Staff: Keep COVID-19 out and CDC COVID-19 Prevention Messages for Front Line Long-Term Care Staff: Clean Hands.</p> <p>4. Random audits will be performed weekly for 12 weeks on hand washing procedures during medication administration by the Unit Managers. Results will be reviewed at the QAPI meeting monthly for 3 months.</p>		

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F 880	<p>Continued From page 10</p> <p>the process for handwashing included applying friction with soapy hands for 20 seconds.</p> <p>During an interview with the surveyors on 2/25/21 at 9:16 AM, the Director of Nursing (DON) stated that hand hygiene is performed between different routes of medication administration and that the process for handwashing included applying friction with soapy hands for 20 seconds. The DON further stated that following the hand hygiene policy is important to prevent transmission of infectious diseases or contaminate surfaces such as the medication carts.</p> <p>A review of the facility's Medication Administration Observation form revised 2/23/21, included, " ointment administration: Wash hands/use alcohol-based sanitizer before and after administration."</p> <p>A review of the facility's Hand Hygiene policy revised 5/2020 included, "Wash hands vigorously for 20-30 seconds."</p> <p>NJAC 8:39-19.4(a)(1)</p>	F 880			