

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

PRINTED: 06/13/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315491	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 05/26/2022
NAME OF PROVIDER OR SUPPLIER CEDAR CREST/MOUNTAINVIEW GARDENS			STREET ADDRESS, CITY, STATE, ZIP CODE 4 CEDAR CREST VILLAGE DRIVE POMPTON PLAINS, NJ 07444		
(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 C #: NJ00154986 Census: 110 Sample Size: 3 The facility is not in compliance with the requirements of 42 CFR Part 483, Subpart B, for Long Term Care Facilities based on this complaint survey.	F 000			
F 760 SS=D	Residents are Free of Significant Med Errors CFR(s): 483.45(f)(2) The facility must ensure that its- §483.45(f)(2) Residents are free of any significant medication errors. This REQUIREMENT is not met as evidenced by: C #: NJ00154986 Based on interviews and record review, as well review of pertinent facility documents on 5/26/22, it was determined that the facility failed to administer medication according to physician's order and the facility policy on Medication Administration for 1 of 3 residents (Resident #1) reviewed for medication error. This deficient practice is evidenced by the following: According to Resident #1 Face Sheet, the Resident was admitted to the facility on [REDACTED] with diagnosis that included but not limited to the following: [REDACTED] NJAC 8:43E-2.1 and Exec Order 26, 4, b, 1. The Minimum Data Set (MDS) an assessment	F 760	Plan of Correction for C Survey #NJ00154986 on 5/26/2022 Failure to ensure "Residents are free of Significant Med Errors" F760, CFR(s):483.45(f) (2) 1. What Corrective Action will be taken for those residents found to have been affected by the deficient practice? a. The resident was assessed upon identification of the error. His/her blood glucose level was [REDACTED] and he/she was not experiencing any signs or symptoms of [REDACTED]. The medical provider was notified of the medication error and emergency response including hospital transfer was performed. The resident continued to experience no signs	6/14/22	

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

TITLE

(X6) DATE

Electronically Signed

06/14/2022

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 760	<p>Continued From page 1</p> <p>tool dated 5/24/22, showed that the Resident was cognitively intact.</p> <p>The Resident's care plan dated 5/12/22, under Acute Health Concerns showed that the Resident will not have serious complications from Acute Health Concerns. Interventions included but were not limited to the following: NJ Exec. Order 26:4.b.1 and provide NJ Exec. Order 26:4 as ordered and medicate as ordered.</p> <p>The Physician Order (PO) dated 5/13/22 showed an order for: NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1. call the physician.</p> <p>The Facility Reportable Event (FRE) dated 5/15/22 reported to the New Jersey Department of Health regarding a medication error involving Resident #1. The FRE showed that on 5/15/22 at 4:43 pm, Resident #1's NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1. According to the aforementioned sliding scale no NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1. was to be administered. However, Registered Nurse (RN #1, assigned to Resident #1) administered NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1. to Resident #1. At approximately 5:15 pm, RN #1 mentioned administering NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1. to RN #2. RN #2 reported the medication error administration to the nursing supervisor and primary physician (PP). The PP ordered to send the Resident to the Acute Hospital (AH). 911 was called, the Resident was monitored for signs and symptoms of NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1. At the time emergency personnel came, Resident #1's NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1. The Resident was admitted for</p>	F 760	<p>or symptoms of NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1. and had a blood glucose level of NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1. at the time of transfer.</p> <p>2. How other residents with the potential to be affected by the same deficient practice will be identified?</p> <p>a. All residents with sliding scale insulin have the potential to be affected by this deficient practice.</p> <p>b. An audit of all sliding scale insulin administration opportunities for the prior two weeks was completed. No further insulin administration errors were noted. A random audit of 10% of medication administration opportunities for the prior two weeks was completed. No medication administration errors were noted.</p> <p>3. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur?</p> <p>a. The director of nursing provided immediate in-service education on medication administration and insulin administration with the RN who made the medication error</p> <p>b. The director of nursing or designee will provide in-service education on medication administration and insulin administration to licensed nurses working within the building.</p> <p>c. Medication administration and insulin administration education will be provided to all licensed nurses annually by the staff development coordinator or designee.</p> <p>d. Medication administration and comprehensive insulin administration</p>		

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F 760	<p>Continued From page 2</p> <p>██████████ and in ██████████. RN #1 was suspended pending investigation.</p> <p>Resident #1's Medication Administration Record (MAR) for the month of May 2022 showed the aforementioned order to be given at 8:30 am, 11:30 am, 4:30 pm and 9:00 pm. The MAR further showed that RN #1 administered ██████████ to Resident #1 on the following dates and time which was not according to the PP's order:</p> <p>On 5/14/22 at 9:00 pm with a ██████████ (on the aforementioned PO the Resident should not receive ██████████).</p> <p>On 5/15/22 at 4:30 pm with a ██████████ (on the aforementioned PO the Resident should not receive ██████████).</p> <p>The AH medical record dated 5/15/22 showed that the Resident was brought to the Emergency Room (ER) for evaluation of ██████████. The Resident stated he/she had ██████████ and received ██████████ at the Facility. The Resident was treated with ██████████ of ██████████ in the ambulance. In the ER, the Resident's ██████████. The Resident was admitted for ██████████ accidental or unintentional. The Resident returned to the Facility on ██████████</p> <p>Interviewed with the Resident on 5/26/22 at 10:21 am, the Resident stated that he/she was notified of the medication error on 5/15/22. The Resident stated that even though he/she received the ██████████ and 5/15/22, the Resident did not feel sick. The Resident further revealed that the ambulance</p>	F 760	<p>education will be provided during the orientation program for all newly hired licensed nurses and will be provided by the staff development coordinator or designee.</p> <p>4. How the Corrective action will be monitored to ensure the deficient practice is being corrected and will not recur?</p> <p>a. All sliding scale insulin administration opportunities will be audited by the director of nursing or designee weekly for 8 weeks.</p> <p>b. Any errors identified will be addressed and investigated per policy. In-service education will be provided to the involved licensed nurse.</p> <p>5. Date of completion: 6/14/22</p>	

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F 760	<p>Continued From page 3</p> <p>personnel was quick to take him/her to the [REDACTED].</p> <p>Interviewed with RN #1 on 5/26/22 at 12:26 pm, she stated what was reported on the aforementioned FRE. She stated that RN #2 and her were discussing about the [REDACTED] medication and that was when RN #1 realized she administered [REDACTED] to Resident #1 which was not according to the PP's order. RN #2 immediately reported the medication error to their nurse supervisor while RN #1 rushed to the Resident's bedside.</p> <p>The facility policy titled, "Medication Administration,..." dated 5/2021 showed "Policy: Medication Management...and safe administration...consistent with the state requirements. All medications will be administered...consistent with the person centered comprehensive care plan...Procedure...2. Medication are administered in accordance with Nursing Standards of practice an in accordance with state law...3. Staff designated to administer medications will verify...using 5 Rights of Medication Administration...iii) right dose..."</p> <p>NJAC 8:39-11.2(b) NJAC 8:39-27.1(b)</p>	F 760		

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 315491	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	Y2	DATE OF REVISIT 6/20/2022	Y3
NAME OF FACILITY CEDAR CREST/MOUNTAINVIEW GARDENS			STREET ADDRESS, CITY, STATE, ZIP CODE 4 CEDAR CREST VILLAGE DRIVE POMPTON PLAINS, NJ 07444		

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 F0760	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # 483.45(f)(2)	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____	06/14/2022	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 _____	
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 5/26/2022

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