

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

PRINTED: 10/29/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315153	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 07/27/2021
NAME OF PROVIDER OR SUPPLIER MANOR, THE			STREET ADDRESS, CITY, STATE, ZIP CODE 689 WEST MAIN ST FREEHOLD, NJ 07728		
(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 SURVEY DATE: 07/27/2021 CENSUS: 71 SAMPLE SIZE: 18 + 3 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.	F 000			
F 658 SS=D	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 follow facility policy and procedures regarding Executive Order 26, 4.b. [REDACTED] for function. This practice was identified for Executive Order 26, 4.b. resident (Resident [REDACTED] reviewed for Executive Order 26, 4.b. [REDACTED]) 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 registered professional nurse is defined as diagnosing and treating human responses to actual and potential physical and emotional health problems, through	F 658	1. It was determined that resident [REDACTED] who had a [REDACTED] in place for Executive Order 26, 4.b. [REDACTED], did not have a function check noted on the physicians order only placement. The alarm was immediately checked by the Unit Manager walking the resident to the door to check if alarm would trigger, which it did. The physician order for resident [REDACTED] was updated to include a check on each shift for function by walking the resident to a door to ensure alarm triggers. 2. All residents who have a wander guard have the potential to be affected by this deficient practice. The Director of	9/27/21	

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

TITLE

(X6) DATE

Electronically Signed

08/13/2021

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 658	<p>Continued From page 1</p> <p>such services as case finding, health teaching, health counseling, and provision of care supportive to or restorative of life and wellbeing, and executing 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 within 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>The evidence was as follows:</p> <p>On 07/21/21 at 10:40 AM, during the initial tour of the facility, the surveyor observed Resident [REDACTED] walking in the hallway of the unit. The surveyor also observed that all the other residents' doors in the same hallway had stop signs on them with the word STOP printed in Spanish.</p> <p>At this time, the surveyor asked the Certified Nursing Assistant (CNA) on the unit what the signs were on each door for, and the CNA stated that it was to help deter the [REDACTED] resident from entering the other residents' rooms. The surveyor asked who the [REDACTED] resident was, and the CNA informed the surveyor it was the resident that was observed by the surveyor in the hall (Resident [REDACTED]).</p>	F 658	<p>Nursing and Unit manager reviewed all residents in the facility; no additional residents have a wander guard placement.</p> <p>3. The Director of Nursing updated the policy to include a detail of how the function of the wander guard should be checked each shift and that the physician order should include on it checks for function and placement each shift. All nurses were in serviced on the updated policy and the change in the physician orders for wander guard placement.</p> <p>4. The Director of Nursing or designee will audit the checks for placement and function monthly to ensure compliance. The Director of Nursing will report the result of the monthly audits to the QAPI committee on a monthly basis for monitoring.</p>		

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F 658	<p>Continued From page 2</p> <p>The surveyor reviewed the medical record for Resident [REDACTED].</p> <p>A review of the Admission Record reflected that the resident was Executive Order 26, 4.b. [REDACTED]</p> <p>A review of the admission Minimum Data Set (MDS), an assessment tool dated 6/29/21, reflected that the resident had a Executive Order 26, 4.b. [REDACTED]</p> <p>A further review of th Executive Order 26, 4.b. [REDACTED]</p> <p>A review of the Electronic Medical Record (EMR) behavior progress notes indicated that the resident would Executive Order 26, 4.b. on the unit and Executive Order 26, 4.b. and the staff would Executive Order 26, 4.b. of the other resident rooms.</p> <p>On 07/22/21 at 12:10 PM, the resident was observed sitting at a table across from the nursing station having lunch. The surveyor observed a Executive Order 26, 4.b. to the resident's Executive Order 26, 4.b.</p> <p>On 07/22/21 at 12:14 PM, the surveyor interviewed the Registered Nurse/Unit Manager (RN/UM) regarding residents with Executive Order 26, 4.b. The surveyor asked the process for checking Executive Order 26, 4.b. and the RN/UM informed the surveyor that Executive Order 26, 4.b. every shift. The surveyor asked if the Executive Order 26, 4.b. was checked for function and the RN/UM stated that the Executive Order 26, 4.b.</p>	F 658		

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F 658	<p>Continued From page 3</p> <p>were Executive Order 26, 4.b. [REDACTED]. The surveyor then asked the RN/UM if the Executive Order 26, 4.b. [REDACTED] by any other staff member or supervisor at regularly scheduled intervals and the RN/UM responded "no".</p> <p>On 07/22/21 at 12:57 PM, the surveyor continued to review the resident's medical record.</p> <p>A review of the resident's individualized care plan included a focus initiated on 6/22/21 for a risk for Executive Order 26, 4.b. [REDACTED]. Interventions included to: clearly identify resident's room and bathroom; engage resident in purposeful activity; local county Executive Order 26, 4.b. [REDACTED] in place; and Executive Order 26, 4.b. [REDACTED].</p> <p>A review of the July 2021 Order Summary Report reflected a physician's order (PO) dated 6/18/21 to Executive Order 26, 4.b. [REDACTED] to Executive Order 26, 4.b. [REDACTED]. The PO did not include to check Executive Order 26, 4.b. [REDACTED] function.</p> <p>A review of the resident's admission Executive Order 26, 4.b. [REDACTED] dated 6/18/21, reflected that the resident had an Executive Order 26, 4.b. [REDACTED] which indicated the resident was an Executive Order 26, 4.b. [REDACTED] and had a history of attempted Executive Order 26, 4.b. [REDACTED] in the past from home.</p> <p>07/26/21 09:24 AM, the surveyor interviewed the Licensed Practical Nurse (LPN) regarding wander guards. The LPN informed the surveyor that, Executive Order 26, 4.b. [REDACTED]. The surveyor asked about checking the device for function and the LPN responded, "when the resident Executive Order 26, 4.b. [REDACTED]. The</p>	F 658		

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F 658	Continued From page 4 surveyor asked if [Executive Order 26, 4.b.] were checked at regular intervals and the LPN stated that, "the Unit Managers are responsible for that, the nurses just check for placement". On 7/27/21 at 10:08 AM, the Director of Nursing (DON) in the presence of the facility's Administration and survey team, confirmed that staff should have been checking the function of the resident's [Executive Order 26, 4.b.] every shift. A review of the facility's "Resident Wandering Policy and Procedure" dated 09/21/20, included under the procedure section of the policy that if assessment or behavior indicated need, implement the use of a Wander Guard for the resident, to be monitored every shift for placement and function.	F 658			
F 755 SS=D	N.J.A.C. 8:39-27.1 (b) Pharmacy Srvcs/Procedures/Pharmacist/Records CFR(s): 483.45(a)(b)(1)-(3) §483.45 Pharmacy Services 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. §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 biologicals) to meet the needs of each resident.	F 755		9/27/21	

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F 755	<p>Continued From page 5</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: Based on observation, interview, and record review, and review of other facility documentation, it was determined the facility failed to ensure the required Federal narcotic acquisition forms (DEA 222 form) were 1.) completed with sufficient detail to enable accurate reconciliation for 14 of 14 forms reviewed and 2.) dated and signed by the Medical Director as of the day it was submitted for filing for 4 of 4 forms provided.</p> <p>This deficient practice was evidenced by the following:</p> <p>1. On 7/27/21 at 10:05 AM, a review of the facility's DEA 222 forms revealed an inconsistent pattern in regard to ordering the medication package size versus the number of packages being ordered.</p> <p>This inconsistency was identified on the following order forms:</p>	F 755	<p>F755 Services/Procedures/Pharmacist/Records</p> <p>1. It was determined that the facility failed to ensure the required Federal narcotic acquisition forms (DEA 222 form) were;</p> <p>a. Completed with sufficient detail to enable accurate reconciliation for 14 of 14 forms reviewed and;</p> <p>b. Dated and signed by the Medical Director as of the day it was submitted for filing for 4 of 4 forms provided.</p> <p>2. All residents have the potential to be affected by this deficient practice.</p> <p>3. To ensure these deficient practices will not recur:</p>		

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F 755	<p>Continued From page 6</p> <p>Order Form: #201886315, #201886316, #201886318, #201886319, #201536578, #201536579, #201886320, #201886321, #201886322, #201886325, #200710828, #200710830, #200710831, #200710832</p> <p>On 7/27/21 at 10:21 AM, the surveyor interviewed the Director of Nursing (DON), who stated that one of the responsibilities of the DON was to complete the DEA 222 forms. The DON stated that she had looked back at previously completed forms and had followed those examples when completing the new forms. The DON stated the pills came in a zipped plastic bag and each individual tablet was in its own blister package, so the package size was one, and number of packages was the total number of individually packaged pills. She further stated she was never in-serviced on how to complete the newly revised DEA 222 forms by the provider pharmacy, but assumed they were filled out properly because the provider pharmacy never alerted her that they were filled out incorrectly. The surveyor stated the zipper locked bag was the one package and the package size was the total number of pills in that zipper bag.</p> <p>A review of the instructions for submission of the DEA 222 form located on the reverse side of the form included " Part 1. Purchaser Information, 2. Only one item may be entered on a single line. Enter the number of packages, the size of the package, and the name of the item. Part 5. Controlled Substance Receipt 1. The purchaser fills out this section on its copy of the original form. 2. Enter the number of packages received and the date received for each line item.</p>	F 755	<p>a. The Director of Nursing in collaboration with the Pharmacist and the Pharmacy Consultant reviewed the form directions and adjusted the policy to include the proper way to complete the DEA 222 form. All nursing staff and the Medical Director will be in serviced on the change. Pharmacy will not accept the forms if not completed correctly.</p> <p>b. The Medical Director was educated by the Administrator to not pre-sign the DEA 222 form under any circumstance. A Peer Review will be done before 9/27/21 with the Chief Medical Officer to review and assess the identified violation for counseling and advisement for improvement. The Director of Nursing was educated to not accept a pre-signed form from the Medical Director. If the Medical Director is not available to sign a form the covering Medical Director will be called.</p> <p>4. The corrective actions will be monitored by:</p> <p>a. The Pharmacy Consultant will audit the completed forms quarterly and report to the DON the compliance. The Director of Nursing will report to the QAPI committee quarterly the results of the audit on compliance.</p> <p>b. The Pharmacy Consultant will audit the forms quarterly and report to the Administrator the compliance. The Administrator will report to the QAPI committee quarterly the results of the audit on compliance.</p>		

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F 755	<p>Continued From page 7</p> <p>2. On 7/27/21 at 10:19 AM, the surveyor requested from DON to review the facility's DEA 222 blank forms. The surveyor was handed four envelopes. Two envelopes were sealed, and two envelopes were opened. The two opened envelopes each contained two DEA 222 forms that had not been filled out but were already signed by the Medical Director. The identified forms were as follows: #201535572, #201535573, #201535574 and #201886314.</p> <p>At that time, the DON acknowledged the forms had been pre-signed by the facility's Medical Director. The DON stated she had been on leave and had the forms pre-signed in her absence for the acting DON to use. The DON further stated the Medical Director was in the facility at least three times a week and if needed, the acting DON could have reached out to the Medical Director if controlled substances needed to be ordered.</p> <p>On 7/27/21 at 11:35 AM, the surveyor interviewed the facility's Medical Director who stated he believed the facility policy for DEA 222 forms was for complete transparency. He stated that the facility's forms can only be sent to their provider pharmacy and that the provider pharmacy can only send the requested controlled substance medication to the facility. When the surveyor asked was there a possibility of drug diversion if the forms were pre-signed and the Medical Director acknowledged there was. The Medical Director further acknowledged that DEA 222 forms should not be pre-signed prior to completion of the controlled substance request.</p> <p>A review of the facility's "Medication Ordering and Receiving from Pharmacy" policy dated effective</p>	F 755			

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F 755	Continued From page 8 February 2019 included: D. The pharmacy dispenses medications listed in Schedules II, III, IV, and V in readily accountable quantities and containers designed for easy counting of contents. The policy did not include instructions for the proper completion of the DEA 222 form. N.J.A.C. 8:39-29.7(c)	F 755		

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 315153	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	Y2	DATE OF REVISIT 10/7/2021	Y3
NAME OF FACILITY MANOR, THE			STREET ADDRESS, CITY, STATE, ZIP CODE 689 WEST MAIN ST FREEHOLD, NJ 07728		

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 F0755	Correction	ID Prefix _____	Correction
Reg. # 483.21(b)(3)(i)	Completed	Reg. # 483.45(a)(b)(1)-(3)	Completed	Reg. # _____	Completed
LSC _____	09/27/2021	LSC _____	09/27/2021	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 7/27/2021		<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO		