

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

PRINTED: 04/29/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315115	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 12/11/2020
NAME OF PROVIDER OR SUPPLIER ATLANTIC COAST REHAB & HEALTH			STREET ADDRESS, CITY, STATE, ZIP CODE 485 RIVER AVE LAKEWOOD, NJ 08701		
(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 DATE: 12/11/2020 CENSUS: 116 SAMPLE: 26 + 3 closed records 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 755 SS=D	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. §483.45(b) Service Consultation. The facility must employ or obtain the services of a licensed pharmacist who- §483.45(b)(1) Provides consultation on all aspects of the provision of pharmacy services in the facility. §483.45(b)(2) Establishes a system of records of	F 755		12/18/20	

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

TITLE

(X6) DATE

Electronically Signed

12/17/2020

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 755	<p>Continued From page 1</p> <p>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:</p> <p>Based on observation, interview and record review, it was determined that the facility failed to ensure that medications were received and administered as prescribed by the physician.</p> <p>This deficient practice was identified for 1 of 2 nurses observed during medication administration on 1 of 2 units (Crest Unit) and was evidenced by the following:</p> <p>On 12/03/2020 at 9:20 AM, the surveyor observed the Licensed Practical Nurse (LPN) administer medications to Resident #59. The LPN prepared the medications for Resident #59 and realized the resident's Executive Order 26, 4.b.</p> <p>Executive Order 26, 4.b. The LPN reviewed the resident's Medication Administration Record (MAR) and told the surveyor that the resident's Executive Order 26, 4.b. ran out on Executive Order 26, 4.b. and that was the last day the resident received the Executive Order 26, 4.b. The surveyor asked if the medication was discontinued and the LPN told the surveyor, "No. Just ran out of the medication." The surveyor asked the LPN about the process for the reordering of medications and the LPN told the surveyor that medications were ordered through the electronic medical record. The LPN stated that they usually arrived in the facility within 48 to 72 hours after the medication order was placed.</p>	F 755	<p>F755 SS=D Pharmacy Services /Procedures/Pharmacist/Records CFR(s): 483.45 (a) (b)(1)-(3)</p> <ol style="list-style-type: none"> Resident # 59 had no negative outcomes related to the above mentioned practice. The corrective action that was taken included: <ol style="list-style-type: none"> Calling the primary physician with notification of the missing dosages of Executive Order 26, 4.b. Received an order for a stat delivery of the Executive Order 26, 4.b. medication. The resident received next scheduled dose of Executive Order 26, 4.b. on Executive Order 26, 4.b. The resident was monitored closely for any adverse reactions related to the missing doses. The resident was assessed by primary MD and our in house Nurse Practitioner. All residents who receive medications have the potential to be affected by the above mentioned practice. Measures that have been put in place to ensure that the above mentioned practice will not 		

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F 755	<p>Continued From page 2</p> <p>The LPN told the surveyor that she would look in the medication room to see if the medication had already arrived at the facility.</p> <p>On 12/03/2020 at 9:26 AM, the LPN returned to the medication cart without the [redacted] Executive Order 26, 4.b. The LPN told the surveyor that there were other medications ordered for the resident that had arrived, but the [redacted] was not among them. She stated she would notify the pharmacy.</p> <p>On 12/03/20 at 11:54 AM, the surveyor reviewed the resident's electronic MAR for November and December 2020. The surveyor noted that the medication was signed as administered on [redacted] Executive Order 26, 4.b. On [redacted] Executive Order 26, 4.b. was signed off as "on hold/see nurses notes" and signed as administered for the [redacted] Executive Order 26, 4.b. The surveyor reviewed the progress notes dated [redacted] Executive Order 26, 4.b. The progress notes did not reveal an entry regarding the [redacted] dose of the [redacted] medication.</p> <p>During an interview with the surveyor on 12/03/2020 at 12:50 PM, the Subacute Unit Manager/Registered Nurse #1 (UM/RN #1) told the surveyor that the medications were ordered through the electronic medical record. UM/RN #1 stated that if the medications were ordered before 12 noon, they would arrive in the afternoon of the same day; and if the medications were ordered after 12 noon, the medications would come that night or early the next morning.</p> <p>During an interview with the surveyor on 12/03/2020 at 12:55 PM, the Crest Unit Manager/Registered Nurse #2 (UM/RN #2) stated</p>	F 755	<p>Re-occur are:</p> <ol style="list-style-type: none"> Immediate in-servicing was provided to all nurses regarding medication availability and Re-ordering. Ongoing in- servicing will continue for all nurses, including new hires regarding medication availability, re-ordering process and proper documentation Direct communication with pharmacy for ordering and receiving medications in a timely manner as needed. Pharmacy consultant will provide in-servicing to all nurses regarding the re-ordering of medication process with pharmacy re-ordering policy review. <p>4. Monitoring of the corrective actions that have been put in place to ensure that the above mentioned practice is being corrected and will not re-occur.</p> <ol style="list-style-type: none"> Unit Managers will audit 5 residents MARs weekly for missing medications or doses x 4 weeks. Then monthly x 3 months. ADON will review re-ordering policy with 3 nurses from different shifts weekly x 4 weeks then monthly x 3 months. The DON will develop a QAPI plan for re-ordering of medications and auditing process. The DON will report all findings at the quarterly QAPI meeting x 2. 		

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F 755	<p>Continued From page 3</p> <p>that the medications were ordered through the electronic medical record and always arrive within 24 hours. UM/RN #2 and the surveyor reviewed the [REDACTED] reorder dated [REDACTED] Executive Order 20-40. UM/RN #2 could not say why the medication was not delivered and could not provide any documentation of communication with the pharmacy or the physician regarding the missing medication.</p> <p>During a follow-up interview with the surveyor on 12/04/2020 at 12:15 PM, UM/RN #2 stated that the staff should not have signed the MAR as "administered." The MAR should have been signed as "not available" and the staff should have notified the physician and the nursing supervisor or unit manager.</p> <p>On 12/08/2020 at 11:48 AM, the surveyor reviewed the undated facility policy titled, "Reordering, Changing and Discontinued Medication Orders." The policy revealed that the facility would communicate any medication reorders, changes, or discontinuations to the pharmacy in accordance with the pharmacy guidelines and state/federal regulations, thus ensuring standardized process of communication. Communication may be transmitted through verbal, written, or electronic orders.</p> <p>During an interview with the surveyor on 12/10/2020 at 11:52 AM, the Director of Nursing (DON) stated that if an ordered medication did not arrive at the facility within 24 hours, the pharmacy was notified and a STAT (immediate) delivery was made. The DON confirmed that nursing should have notified the pharmacy when the medication was not received.</p>	F 755			

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F 755	Continued From page 4 NJAC 8:39-29.2	F 755			
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 infections before they can spread to other persons in the facility; (ii) When and to whom possible incidents of communicable disease or infections should be reported; (iii) Standard and transmission-based precautions</p>	F 880		12/18/20	

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F 880	<p>Continued From page 5</p> <p>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 record review, it was determined that the facility failed to minimize the potential spread of infection to residents during wound treatments for 1 of 2 nurses observed during wound treatment observations on 1 of 2 units (Manor Unit).</p> <p>This deficient practice was evidenced by the</p>	F 880	<p>F 880 SS=D Infection Prevention & Control CFR(s): 483.80(a) (1) (2) (4) (e)</p> <p>(f) 1. Resident # 39 had no negative outcomes as related to the above mentioned practice. The corrective action that was taken included:</p>		

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F 880	<p>Continued From page 6 following:</p> <p>1. On 12/04/2020 at 11:00 AM, the surveyor observed the Licensed Practical Nurse (LPN), with the assistance of the Assistant Director of Nursing (ADON), complete the Executive Order 26, 4.b. The surveyor observed the LPN provide privacy, perform hand hygiene and don gloves. The ADON assisted the LPN to remove the resident's Executive Order 26, 4.b. The LPN stated that the dressing came off during AM care. The LPN then Executive Order 26, 4.b., applied the Executive Order 26, 4.b. as ordered. The LPN then removed her gloves and washed her hands.</p> <p>The surveyor did not observe the LPN perform hand hygiene after she Executive Order 26, 4.b.</p> <p>The surveyor then observed the LPN apply gloves while the ADON removed the sock from Resident # 39's Executive Order 26, 4.b. The LPN removed the dressing, removed her gloves and performed hand hygiene. The LPN then applied new gloves, Executive Order 26, 4.b. Executive Order 26, 4.b. as ordered.</p> <p>The surveyor did not observe the LPN perform hand hygiene after she Executive Order 26, 4.b.</p> <p>At the completion of the Executive Order 26, 4.b., the surveyor interviewed the LPN. The LPN stated that she should have washed her hands when she took the dressing off, after she Executive Order 26, 4.b. if her hands were soiled while doing the treatment, and in between sites.</p>	F 880	<p>a. The resident was assessed and monitored for any adverse reaction as result of the above mentioned practice.</p> <p>b. The resident's vitals were monitored for any early indications of adverse reactions.</p> <p>c. The resident's Executive Order 26, 4.b. were assessed by the podiatrist who is following wounds weekly.</p> <p>2. All residents who receive treatments have the potential to be affected by the above mentioned practice.</p> <p>3. Measures that have been put in place to ensure that the above mentioned practice will not re-occur are:</p> <p>a. Immediate treatment in-servicing with hand hygiene protocols was provided to all nurses.</p> <p>b. Infection control in-servicing provided to all nurses including Wound Care Procedure/Guidelines.</p> <p>c. Alcohol-based hand sanitizers distributed to all staff for usage in-between hand washing.</p> <p>4. Monitoring of the corrective actions that have been put in place to ensure that the above mentioned practice is being corrected and will not re-occur include:</p> <p>a. Infection Preventionist will audit 2 treatment procedures from an infection control perspective weekly x 4 weeks and then twice monthly x 3 months.</p> <p>b. The unit managers will audit hand washing techniques during a treatment procedure twice a week x 4 weeks then twice monthly x 3 months.</p> <p>c. The DON will develop a QAPI plan for infection control during treatments.</p> <p>d. The DON will report all findings at the</p>		

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F 880	<p>Continued From page 7</p> <p>During an interview with the surveyor on 12/04/2020 at 12:15 PM, the ADON stated that she expected the LPN to complete hand hygiene after the nurse removed the [redacted] and after the nurse [redacted].</p> <p>During an interview with the surveyor on 12/10/2020 at 11:51 AM, the Director of Nursing stated she expected the nurse to follow the [redacted] procedure.</p> <p>The surveyor reviewed the facility's undated "Wound Care Procedure/Guidelines." The Guidelines revealed the nurse should have performed hand hygiene [redacted].</p> <p>NJAC 8:39-19.4(a)</p>	F 880	Quarterly QAPI Meetings x 2.		

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 315115	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	Y2	DATE OF REVISIT 12/24/2020	Y3
NAME OF FACILITY ATLANTIC COAST REHAB & HEALTH			STREET ADDRESS, CITY, STATE, ZIP CODE 485 RIVER AVE LAKEWOOD, NJ 08701		

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 F0755	Correction	ID Prefix F0880	Correction	ID Prefix _____	Correction
Reg. # 483.45(a)(b)(1)-(3)	Completed	Reg. # 483.80(a)(1)(2)(4)(e)(f)	Completed	Reg. # _____	Completed
LSC _____	12/24/2020	LSC _____	12/24/2020	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 12/11/2020		<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		

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E 000	Initial Comments	E 000			
K 000	<p>This facility is in substantial compliance with Appendix Z-Emergency Preparedness for All Provider and Supplier Types Interpretive Guidance 483.73, Requirements for Long Term Care (LTC) Facilities.</p> <p>INITIAL COMMENTS</p> <p>LIFE SAFETY CODE 101:2012</p> <p>THIS FACILITY IS IN COMPLIANCE WITH THE MINIMUM LIFE SAFETY CODE REQUIREMENTS AS SURVEYED USING CMS-2786R.</p>	K 000			

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