

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315333	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/13/2021
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NAME OF PROVIDER OR SUPPLIER COMPLETE CARE AT ARBORS	STREET ADDRESS, CITY, STATE, ZIP CODE 1750 ROUTE 37 WEST TOMS RIVER, NJ 08757
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(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
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F 000	INITIAL COMMENTS Complaint #: NJ139687, #NJ144311, and NJ135677 Census: 71 Sample Size: 9 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 755 SS=E	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		6/30/21

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 06/30/2021
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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: Complaint Intake NJ135677</p> <p>Based on record review and interviews, it was determined that the facility failed to ensure medications prescribed to a resident was received from the pharmacy and administered to the resident for 1 (Resident #1) of 5 sampled residents reviewed for receiving medications as ordered.</p> <p>Findings include:</p> <p>1. Resident #1 was admitted to the facility on [redacted] and discharged back to the community on 03/31/2020. The resident had diagnoses that included [redacted] NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1. [redacted] NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1. [redacted] The admission Minimum Data Set, dated 03/12/2020, revealed the Brief Interview for Mental Status to be an [redacted] NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1. [redacted] which indicated the resident was [redacted] NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1. [redacted]</p> <p>Resident #1's medical record was reviewed, and it revealed that the resident was prescribed [redacted] NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1. [redacted] with a start date of [redacted] NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1. [redacted] and to administer [redacted] NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1. [redacted]</p>	F 755	<p>Residents affected by deficient practice:</p> <p>Resident #1 was affected by the facility failure to ensure medication prescribed was received from pharmacy and administered.</p> <p>Identifying other Residents who could be affected by the deficient practice:</p> <p>All residents that are prescribed medications</p> <p>Measures or systemic changes to ensure that the deficiencies will not recur:</p> <p>All residents MARs were reviewed for any missing medications. Any discrepancies were addressed immediately. All nurses were educated immediately on notification of a missing medication to inform the pharmacy, the physician, resident and/or family as well as to notify Unit Manger or DON.</p> <p>DON or designee will audit MARs and will focus on refusals and not administered medication. Findings will be reviewed by the unit manager or designee and</p>		

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F 755	<p>Continued From page 2</p> <p>A review of the March 2020 Medication Administrator Record (MAR) indicated the following regarding the [REDACTED]</p> <ul style="list-style-type: none"> - 03/22/2020 at 9:00 PM, there was a "3" next to the date entry, meaning " ...Hold/See Nurse Notes ..." At 10:55 PM, the MAR notes indicated, " ...Not given, call placed to pharmacy. Awaiting delivery & [and] MD [medical doctor] aware ..." - 03/23/2020, 03/24/2020, and 03/25/2020, there was a "7" next to the date entry, meaning "Other/See Nurse Notes." <p>The March 2020 MAR notes indicated the following regarding [REDACTED]</p> <ul style="list-style-type: none"> - 03/23/2020 at 10:01 AM, " ... [REDACTED] awaiting stock fr [from] pharmacy ..." and at 9:08 PM, " ... [REDACTED] on order ..." - 03/24/2020 at 9:53 AM, "awaiting stock ffup [follow up] call done yesterday claimed they will send it last night., will ffup again today ..." - 03/25/2020 at 10:08 AM, " ...awaiting stock ffup call made to pharmacy ..." <p>A physician's order for [REDACTED] for [REDACTED] was started on 03/18/2020 and to give [REDACTED] by mouth [REDACTED].</p> <p>The resident's March 2020 MAR was reviewed with a "7" listed in 18 of the 50 entries for the [REDACTED]</p> <p>The March 2020 MAR notes indicated the following regarding the [REDACTED]</p> <ul style="list-style-type: none"> - 03/20/2020 at 9:56 AM and 12:16 PM, " ...awaiting stock new order ..." 	F 755	<p>addressed immediately.</p> <p>Monitoring the continued effectiveness of the systemic change:</p> <p>All MARs will be reviewed by the DON/Designee will conduct random audits of all MARS weekly X 4 weeks then monthly x 3 months. Results of audit will be reviewed at the Monthly Quality Assurance Meeting and Quarterly over the duration of the audit process.</p>		

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F 755	<p>Continued From page 3</p> <ul style="list-style-type: none"> - 03/23/2020 at 10:03 AM and 12:04 PM, "...awaiting stock ..." - 03/24/2020 at 9:52 AM and 1:04 PM, "...awaiting stock." - 03/25/2020 at 12:06 PM, "...awaiting stock." - 03/27/2020 at 9:30 AM, "...awaiting stock ffup call done with pharmacy informed that it was out of stock." - 03/28/2020 at 9:48 AM, "...called pharmacy no available stock of the moment." - 03/31/2020, the day of discharge, at 10:08 AM, the [REDACTED] was still documented to be out of stock. <p>A physician's order for [REDACTED] for [REDACTED]s was started on 03/13/2020 and was ordered to give [REDACTED]</p> <p>The resident's MAR was reviewed with a "7" listed in 16 of the 72 entries for the month of March 2020.</p> <p>On 03/14/2020 at 9:50 AM, a MAR note revealed that the facility was "...awaiting stock" for the [REDACTED]. Starting on 03/14/2020 through 03/20/2020, there were 16 entries for the [REDACTED] revealing the medication was out of stock.</p> <p>Licensed Practical Nurse (LPN) #1 and Registered Nurse (RN) #1, who had documented on the resident, stated they did not remember the resident. LPN #5, who had documented on the resident, was no longer employed. LPN #3, who had documented on the resident, had resigned, and would not return phone calls.</p>	F 755			

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

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FORM APPROVED
OMB NO. 0938-0391

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F 755	<p>Continued From page 4</p> <p>On 06/12/2021 at 3:50 PM, LPN #1 stated that she was not aware of [REDACTED] not being in stock.</p> <p>On 06/12/2021 at 4:12 PM, LPN #4 stated that if there was a medication that has not been received from the pharmacy, they should call the pharmacy to find out the issue and get an estimated time of arrival so the facility could get a plan in place for the resident.</p> <p>On 06/13/2021 at 9:00 AM, the Director of Nursing stated that the [REDACTED] was a stock item, and the nurses did not realize it was a stock item and kept waiting for the pharmacy to deliver it. No comment was made regarding the [REDACTED] or the [REDACTED].</p> <p>New Jersey Administrative Code § 8:39-5.1(a)</p>	F 755			

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 315333	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	Y2	DATE OF REVISIT 6/30/2021	Y3
NAME OF FACILITY COMPLETE CARE AT ARBORS			STREET ADDRESS, CITY, STATE, ZIP CODE 1750 ROUTE 37 WEST TOMS RIVER, NJ 08757		

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 _____	Correction	ID Prefix _____	Correction
Reg. # 483.45(a)(b)(1)-(3)	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____	06/30/2021	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 6/13/2021		<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		