

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 65a007	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/18/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER CHELSEA AT BRICK, THE	STREET ADDRESS, CITY, STATE, ZIP CODE 458 JACK MARTIN BLVD. BRICK, NJ 08724
--	---

(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) COMPLETE DATE
A 000	<p>Initial Comments</p> <p>Initial Comments: TYPE OF SURVEY: Complaint and COVID-19 Focused Infection Control COMPLAINT #: NJ145971</p> <p>CENSUS: 91</p> <p>SAMPLE SIZE: 4</p> <p>The facility is not in substantial compliance with all of the standards in the New Jersey Administrative Code 8:36, Standards for Licensure of Assisted Living Residences, Comprehensive Personal Care Homes and Assisted Living Programs, based on this Complaint Survey.</p> <p>The facility was found not to be in compliance with the New Jersey Administrative Code 8:36 infection control regulations standards for Licensure of Assisted Living Residences, Comprehensive Personal Care Homes and Assisted Living Programs and Centers for Disease Control and Prevention (CDC) recommended practices to prepare for COVID-19, based on this COVID-19 Focused Infection Control Survey.</p> <p>The facility must submit a plan of correction, including a completion date for each deficiency and ensure that the plan is implemented. Failure to correct deficiencies may result in enforcement action in accordance with provisions of New Jersey Administrative Code Title 8, Chapter 43E, Enforcement of Licensure Regulations.</p>	A 000		
A 963	8:36-11.5(f) Pharmaceutical Services	A 963		

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

TITLE

(X6) DATE

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 65a007	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/18/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER CHELSEA AT BRICK, THE	STREET ADDRESS, CITY, STATE, ZIP CODE 458 JACK MARTIN BLVD. BRICK, NJ 08724
--	---

(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) COMPLETE DATE
A 963	<p>Continued From page 1</p> <p>(f) Medications shall be accurately administered and documented by properly authorized individuals, in accordance with prescribed orders.</p> <p>This REQUIREMENT is not met as evidenced by: Complaint Intake #: NJ145971</p> <p>Based on interview and record review, it was determined that the facility failed to accurately administer and document medications administered to 1 of 4 residents reviewed, Resident #4. Resident #4 received three EX Order 26 § 4b1 [REDACTED] for three months that were not documented and on the list of medications to be administered in the resident's medication administration record (MAR).</p> <p>Findings included:</p> <p>Surveyor's reviewed Resident #4's medical record which revealed that the resident was admitted to the facility on 06/01/2018. The resident had diagnoses that included EX Order 26 § 4b1 [REDACTED]</p> <p>The surveyor reviewed Resident #4's plan of care, dated 03/03/2021 which revealed that the resident was alert with no impairments and that the resident received assistance with medication</p>	A 963		

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 65a007	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/18/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER CHELSEA AT BRICK, THE	STREET ADDRESS, CITY, STATE, ZIP CODE 458 JACK MARTIN BLVD. BRICK, NJ 08724
--	---

(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) COMPLETE DATE
--------------------	--	---------------	---	--------------------

A 963	<p>Continued From page 2</p> <p>administration. The plan of care's goal was for the resident to receive medications as ordered and with interventions that included a monthly review of the medication regimen by a registered nurse (RN).</p> <p>Surveyor's review of a New Jersey Department of Health (NJDOH) Reportable Event Record/Report, dated 06/09/2021, indicated a significant medication error was identified on 06/08/2021 with Resident #4. Resident #4 was noted on three EX Order 26 § 4b1 [REDACTED]</p> <p>[REDACTED] These three medications did not appear on the resident's medication administration record (MAR), but were present in the prepackaged, prefilled pill packs from the pharmacy.</p> <p>Further review of the facility's investigation finding's report, dated 06/18/2021, indicated that the facility identified the resident may have been administered those three EX Order 26 § 4b1 [REDACTED]. The resident's physician's clinic had sent prescriptions for those three medications EX Order 26 § 4b1 [REDACTED] to the pharmacy on 03/04/2021. The prescriptions were filled by the pharmacy and delivered to the facility in the resident's cycle box, along with the regular medications. However, the three medications were not listed on the resident's electronic Medication Administration Record (eMAR). The medication aides then administered the medications to the resident not realizing what was in the packet and listed on the medication packaging was different from the number of medications on the eMAR. The facility identified</p>	A 963		
-------	--	-------	--	--

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 65a007	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/18/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER CHELSEA AT BRICK, THE	STREET ADDRESS, CITY, STATE, ZIP CODE 458 JACK MARTIN BLVD. BRICK, NJ 08724
--	---

(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) COMPLETE DATE
A 963	<p>Continued From page 3</p> <p>that these same three medications were prescribed to another resident on the same day, Resident #5, who was followed by the same physician's clinic. The physician was notified, and the medications were ordered to be discontinued. The report also indicated that the facility had a concern regarding the immediate discontinuance of the one of the three medications, EX Order 26 § 4b1. The facility consulted a psychiatrist who recommended tapering off the medication.</p> <p>The facility audited the eMAR and determined that seven certified medication aides (CMAs) and two licensed practical nurses (LPNs) administered medications to Resident #4 since 03/04/2021. The facility interviewed all CMAs and LPNs who passed the medications. They did not recall any discrepancies in the total number of medications passed but acknowledged they may not have counted the actual number of pills in the packet to confirm it matched what was on the eMAR.</p> <p>On 02/18/2022 at 1:11 PM, the surveyor conducted an interview with Certified Medication Aide (CMA) #3. She recalled a medication error that occurred in June 2021 with Resident #4; however, she did not remember exactly what happened. CMA #3 indicated the staff was in-serviced about how to make sure they had the right medication, right time, right dose, right resident, right route, right time, and right documentation. It was indicated they had to check the medications against the medication administration record (MAR). CMA #3 stated, "I got a write up" about the medication error and that the pharmacist came and did many in-services for staff. CMA #3 indicated there had been no recent issues and she was being more careful and notified the nurse for any issues.</p>	A 963		

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 65a007	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/18/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER CHELSEA AT BRICK, THE	STREET ADDRESS, CITY, STATE, ZIP CODE 458 JACK MARTIN BLVD. BRICK, NJ 08724
--	---

(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) COMPLETE DATE
--------------------	--	---------------	---	--------------------

A 963	<p>Continued From page 4</p> <p>On 02/18/2022 at 3:37 PM, an interview was conducted with CMA #2. She stated she did not remember exactly what happened with the medication error in June 2021.</p> <p>At 4:53 PM on 02/18/2022, the surveyor interviewed Registered Nurse (RN) #1. She stated she was giving out medications from the medication cart when she noticed the cycle box (medication package) did not match what was on the MAR. She indicated the three EX Order 26 § 461 medications mentioned in the report EX Order 26 § 461) were in the package. However, the medications were not listed on the MAR for Resident #4. She stated she contacted the physician at that time and the physician indicated that she did not write orders for those medications. RN #1 stated that she then called the pharmacy and asked them about the medications. The pharmacy reported that after it was reviewed, it was discovered they had received a prescription for Resident #4 from the physician's office. RN #1 stated that she called and informed the Director of Nursing (DON). RN #1 stated that an assessment was completed on Resident #4 and results revealed that the resident was withdrawn and lethargic. RN #1 stated that the resident's vital signs were normal and that the resident did not present with any distress.</p> <p>Resident #4 was on leave out of the facility and was unavailable for interview.</p> <p>On 02/18/2022 at 5:12 PM, the surveyor interviewed the DON. The DON indicated that she was informed of the medication error for Resident #4 on 06/08/2021 by RN #1. The DON stated immediate interventions took place,</p>	A 963		
-------	--	-------	--	--

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 65a007	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/18/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER CHELSEA AT BRICK, THE	STREET ADDRESS, CITY, STATE, ZIP CODE 458 JACK MARTIN BLVD. BRICK, NJ 08724
--	---

(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) COMPLETE DATE
--------------------	--	---------------	---	--------------------

A 963	<p>Continued From page 5</p> <p>including an RN evaluation of Resident #4, the resident's physician was notified, as well as the resident's family. The DON stated that a psychiatrist was consulted regarding concern on immediate discontinuance of one of the three medications, EX Order 26 § 4b1, and a recommendation was given (also mentioned in the facility findings report to NJDOH). The DON also indicated that staff were educated on the five rights of medication administration. The DON stated that staff were monitored and that medication passes were conducted to ensure they implemented the five rights of medication administration and that resident medications were checked against the MAR. The DON also indicated that the pharmacy representative came in and went through the medication carts. The pharmacist compared the medications in the cart with the medications ordered on the MAR. The pharmacist conducted in-services, as well as medication administration passes with the staff. The DON stated she did not know exactly what happened, but her expectation was for the staff to take their time and thoroughly read the MAR, including any added instructions and to follow the five medication administration rights to ensure residents accurately received their medications. The DON indicated Resident #4 was monitored, had no negative outcomes, and was not hospitalized.</p> <p>On 02/18/2022 at 5:25 PM, an interview was conducted with the Administrator. He indicated that he expected the physician's orders and the MAR to be followed and that medication count were conducted for all medications administered.</p> <p>On 2/18/22, the surveyor reviewed the facility policy, "Medication Administration," revealed the facility staff assigned and delegated to administer medications to Resident #4, did not follow this</p>	A 963		
-------	--	-------	--	--

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 65a007	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/18/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER CHELSEA AT BRICK, THE	STREET ADDRESS, CITY, STATE, ZIP CODE 458 JACK MARTIN BLVD. BRICK, NJ 08724
--	---

(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) COMPLETE DATE
A 963	Continued From page 6 policy which states, "...Procedure: 1. Only medications prescribed by a physician, advanced nurse practitioner, or physician assistant will be administered by the appropriate staff. Prescribed medications will be documented in the resident's Medication Administration Record (MAR)" LPNs and CMAs delegated to administer Resident #4's medications did not ensure that each medication to be administered was identified, documented, and signed as given in the MAR.	A 963		

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 65a007	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 5/16/2023
NAME OF FACILITY CHELSEA AT BRICK, THE	STREET ADDRESS, CITY, STATE, ZIP CODE 458 JACK MARTIN BLVD. BRICK, NJ 08724	

This report is completed by a State surveyor to show those deficiencies previously reported 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 State Survey Report (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 A0963	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # 8:36-11.5(f)	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____	05/16/2023	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 2/18/2022

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



THE CHELSEA

AT BRICK

The Chelsea at Brick

358 Jack martin Blvd

Brick New Jersey 08724

8:36-11.5(f) Pharmaceutical Services

1. Resident #4's and Resident #5's medication orders, eMAR, and medication cycle boxes were audited to ensure they all match. Any discrepancies will be communicated to the prescribing physician and pharmacy consultant and addressed accordingly. This was completed on 6/18/2021.
2. The pharmacy consultant along with IPPC pharmacy nurses will audit all medication carts for accuracy on all medications, prescriptions and eMAR information to see if there were discrepancies with any other resident medications. This was completed on 6/18/2021.
3. The community terminated its partnership with Dr. [REDACTED] and all residents under her care and are now being followed by other primary care physicians. Medication error forms were completed for all employees involved who appeared to have administered the wrong medications. The pharmacy consultant along with IPPC in-serviced all nursing staff on functions of eMAR and the medication cart. An in-service will be conducted on the twelve rights for passing medications as well. Two of the Certified Medication Aides restarted their medication administration observation schedule to ensure proper technique and protocols are being followed. Weekly cart audits will be conducted on-going or until the Health Service Director/Designee determines they are no longer necessary. The in-services were completed on 6/18/2021. The restart of the full medication observation schedule for the two Certified Medication Aides were conducted and completed on 7/14/2021 and 8/7/2021, respectively. Health services director or designee will hold CMA meetings ongoing throughout the year to discuss medication administration.
4. Medication administration observations are continuing to be conducted in accordance with our observation schedule policy. Weekly cart audits will be conducted and documented accordingly. Continued in-servicing on medication administration will be completed throughout the year.