New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	90138	A. BUILDING: ______ B. WING ______	C 11/25/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE WESTAMPTON	480 W. WOODLANE ROAD WESTAMPTON, NJ 08060

(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	Initial Comments Initial Comments: TYPE OF SURVEY: Complaint COMPLAINT #: NJ00130487 CENSUS: 50 SAMPLE SIZE: 50 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. 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.	A 000		
A 310	8:36-3.4(a)(1) Administration (a) The administrator or designee shall be responsible for, but not limited to, the following: 1. Ensuring the development, implementation, and enforcement of all policies and procedures, including resident rights;	A 310		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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This REQUIREMENT is not met as evidenced by:
Based on interview and record review it was determined that the Executive Director (ED) failed to ensure that the Registered Nurse (RN) consistently executed the facility's policy for medication pass observations for 8 of 12 Certified Medication Aides (CMAs) and did not consistently observe and evaluate the CMAs for competence in medication administration on a quarterly basis in an effort to ensure residents received their medications accurately and safely. This deficient practice was evidenced by the following:

On 11/22/19 the surveyor, in the presence of the Health and Wellness Director (HWD)/RN, reviewed the "Medication Pass Observation" (MPO) binder and observed that eight CMAs did not have a consistent evaluation of their medication administration competencies with their last MPO, the dates were as follows:

1. CMAs #'s 1, 3, 4, 5 and 7 had their last MPO conducted in April 2019, there was no documented evidence of any MPOs since.
2. CMA #2 had a MPO conducted in April 2019 and the next MPO was completed on 10/21/2019. There was no documented evidence that this CMA had a MPO conducted in July 2019, therefore there was a six-month time frame between MPOs.
3. CMA #6 was hired at the facility in [redacted] [redacted], the surveyor observed that there was one documented MPO dated 8/28/2019.
4. CMA #8 had no documented evidence of any MPOs conducted in the MPO binder.

During interview the HWD/RN confirmed that she

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was aware that the MPO was not up to date. The HWD/RN stated that has only been employed with the facility since July 2019 and was not able to complete a MPO for all the CMAs.

The surveyor reviewed the facility's policy titled, "Medication Delegation to CMA Procedure-NJ-4," last revised in 8/2017, which read, "The delegating Registered Nurse will complete the checklist for each new CMA assisting with the administration of medication during their first three medication passes, one monthly for 3 months, then quarterly, in the community. Evaluation of medication administration will be documented on the Medication Administration Observation Form for each CMA in the community on a quarterly basis. Documentation will be kept in the Med Tech Observation and In-service Binder."

The ED failed to ensure that the HWD/RN conducted quarterly MPOs on CMA #'s 1, 2, 3, 4, 5, 6 and 7 in accordance with the facility's policy.

A 963 — 8:36-11.5(f) Pharmaceutical Services — A 963

(f) Medications shall be accurately administered and documented by properly authorized individuals, in accordance with prescribed orders.

This REQUIREMENT is not met as evidenced by:
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Based on interview and record review it was

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determined that the facility failed to ensure medications were administered in accordance with prescriber's orders and facility policy and and procedure and failed to document the rationale why medications were not administered for 19 out of 50 residents reviewed, Resident #'s 2, 6, 7, 8, 9, 10, 14, 15, 18, 19, 22, 23, 28, 30, 31, 36, 38, 41 and 48. This deficient practice was evidenced by the following:

During review of the residents' MARs on 11/18/19, 11/22/19 and 11/25/19 the surveyor observed that from 11/9/19 through 11/17/19 residents did not receive medications in accordance with prescribers' orders. The surveyor observed that there were some medications that were not signed as given and there were some that were circled as not given, however, there was no documentation on the MARs of the reasons why the medications were not administered by the staff for the following residents:

1. Resident #2 was admitted to the facility on [redacted] with a diagnosis which included [redacted] r, according to the MAR, there was no documented evidence that the resident received his/her [redacted] (a medication being used to treat [redacted]), [redacted] milligrams (mg) on [redacted]. The surveyor observed that the MAR was left blank and not signed as given.

2. Resident #6 was admitted to the facility on [redacted] with a diagnosis which included dementia with behaviors. The resident's MAR revealed that the resident did not receive [redacted] (a medication used to treat [redacted]) on [redacted] and [redacted] (a medication used to treat [redacted]), at 4 p.m. and 8 p.m. on [redacted]. Both medications were circled as not given with no explanation as to why the medications were not

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administered.

3. Resident #7 was admitted to the facility on [redacted] with diagnoses which included [redacted]. The surveyor observed documented on the MAR that the resident did not receive his/her weekly dose of [redacted] (a medication used to treat [redacted]) on 1[redacted], his/her [redacted] (a medication used to treat [redacted]) [redacted] milligrams (mg) on [redacted] and [redacted], his/her apixaban (a medication being used to treat [redacted] [redacted] mg on [redacted] and on [redacted] and his/her [redacted] (a medication being used to treat [redacted]) [redacted] mg on [redacted] and [redacted].

Continued review of Resident #7's prescriber order also revealed an order dated [redacted] for [redacted] mg and [redacted] mg give [redacted] mg daily. Review of the MAR revealed that the MAR contained one entry for administration of the medication which read: "[redacted] Tablet Give [redacted] mg by mouth one time a day... give 1 and ½ tabs to equal [redacted] mg total."

Surveyor review and inspection of the bingo cards, a system used to deliver unit of use dose in each bubble, labeled "[redacted] mg 1 tab by mouth every day with [redacted] mg to total [redacted] mg" and a second bingo card labeled [redacted] mg 1 tab by mouth every day with [redacted] mg to tota[redacted] mg."

Surveyor review of the prescriber's order, the MAR and the bingo cards revealed that the MAR did not match the prescriber's orders and the bingo cards. The MAR provided instructions to administer 1 and ½ tablets although each bingo

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A 963	Continued From page 5 card contained a full/whole tablet of mg of and a full/whole tablet of mg On 11/22/19 at 11 a.m., the surveyor interviewed the Director of Nurses (DON) who stated that she was not aware that the MAR did not match the prescriber's order and the bingo cards. On 11/25/19 at 8:30 a.m., the surveyor reviewed the facility policy titled, "Medication and Treatment," which directed staff and read, "Medication or treatment directions on the physician... order and pharmacy label shall correlate with the medication or treatment directions on the MAR..." 4. Resident #8 was admitted to the facility on with a diagnosis which included . There was no documented evidence that the resident received his/her (a medication being used to treat medication) on 5. Resident #9 was admitted to the facility on with a diagnosis which included Review of the MAR revealed that the resident did not receive (a medication being used to treat) mg on and and there was no documented evidence that a was conducted on at 11:30 a.m. to determine if was needed to be administered to the resident. 6. Resident #10 was admitted to the facility on with a diagnosis which included Review of the MAR revealed that Resident #10 did not receive two doses of (a medication being mg on .	A 963		

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A 963	Continued From page 6 7. Resident #14 was admitted to the facility on with diagnoses which included . Review of the MAR revealed that Resident #14 did not receive (a medication being used to treat) mg on and and (a supplement) on and 8. Resident #15 was admitted to the facility on with diagnoses of and . Review of the MAR revealed that Resident #15 did not receive milliequivalent (meq) and mg on and did not receive (a medication used to treat) mg on . 9. Resident #18 was admitted to the facility on with diagnoses which included and Review of the MAR revealed that the resident did not receive one dose of (a medication used to treat) mg, one dose of mg (a medication being used to treat) and two doses of mg on 10. Resident #19 was admitted to the facility on with diagnoses which included . Review of the MAR revealed that the resident did not receive one dose of mg on and (a medication used to treat) mg one dose on and two doses on 11. Resident #22 was admitted to the facility on with diagnoses which included with and	A 963		

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A 963	Continued From page 7 . Review of the MAR revealed that the resident did not receive (a medication used to treat) mg on and (an medication) mg one dose on , two doses on and one dose on , (an medication) mg, three doses on and and one dose on The surveyor did not observe documented evidence on the MAR as to why these medications were not administered. 12. Resident #23 was admitted to the facility on with diagnoses which included . Review of the MAR revealed that the resident did not receive two doses of (being used to treat) mg on 13. Resident #28 was admitted to the facility on with a diagnosis which included . Review of the MAR revealed that the resident did not receive the medication (being used to treat mg on 14. Resident #30 was admitted to the facility on with diagnoses which included and Review of the MAR revealed that Resident #30 did not receive mg on and (being used to treat) mg on , mg on and (a medication used to treat) mg on . 15. Resident #31 was admitted to the facility on with a diagnosis which included . Review of the MAR revealed that the resident did not receive patch (a	A 963		

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medication used to treat) on and 1 . The surveyor did not observe documented evidence on the MAR as to the reason this patch was not applied.

16. Resident #36 was admitted to the facility on with diagnoses which included and Review of the MAR revealed that the resident did not receive (a medication used to treat mg and (a medication used to treat) on on

17. Resident #38 was admitted to the facility on with diagnoses which included . Review of the MAR revealed that the resident did not receive (a medication being used to treat mg, (a medication used to treat mg, mg and mg on . The surveyor did not observe documented evidence as to why the medications were not administered.

18. Resident #41 was admitted on with diagnoses which included . Review of the MAR revealed that the resident did not receive mg on 1 and and (a supplement) meq on

19. Resident #48 was admitted to the facility on with diagnoses which included and . Review of the MAR revealed that the resident did not receive (an) on and and did not receive mg on

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A 963	Continued From page 9 On 11/18/19 at 3:00 p.m. the surveyor interviewed the Director of Nursing (DON) who stated that all medications that were not given should have an explanation on the Medication Administration Record (MAR). The surveyor reviewed the backs of all handwritten MARs and observed that there were no explanations as to the reasons why some medications were not administered. On 11/25/19 at 8:30 a.m. the surveyor reviewed the facility policy titled, "Medication and Treatment Record - Medication Administration Record," which documented, "Explanations for medication refused and/or not given should be documented/noted on the back of the MAR..." The facility nursing/medication staff failed to follow the facility's policy by ensuring that residents received their medications in accordance with the prescribers' orders and by documenting on the MAR the rationale when medications were not administered and the facility failed to ensure that the MAR correlated to the prescriber's orders and the medications in the bingo cards for Resident #7	A 963		
A1011	8:36-11.7(k) Pharmaceutical Services (k) Controlled dangerous substances shall be stored, and records shall be maintained, in accordance with the Controlled Dangerous Substances Acts, N.J.S.A. 24:21-1 et seq. and all other Federal and State laws and regulations concerning the procurement, storage, dispensation, administration, and disposition of same.	A1011		

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A1011	Continued From page 10 This REQUIREMENT is not met as evidenced by: Complaint #: NJ00130487 Based on interview and record review it was determined that the facility failed to consistently maintain administer and maintain accountability of controlled substances when a discrepancy was identified between the Medication Administration Record (MAR) and the Declining Inventory Sheet (DIS) for 1 of 50 residents, Resident [redacted]. This deficient practice was evidenced by the following: On 11/22/19 at 11:30 a.m., the surveyor reviewed Resident [redacted]s medical record which documented that the resident moved into the facility on [redacted] with diagnoses which included [redacted]. The surveyor observed Resident [redacted]s narcotic DIS and observed a medication [redacted] (used to treat [redacted] milligram (mg) tablet had not been administered on [redacted] and [redacted]. The surveyor reviewed the Medication Administration Record (MAR) for [redacted] and observed that on [redacted], [redacted] and [redacted] a staff member initialed the MAR to indicate the medication was administered. On 11/22/19 at 12:40 p.m., the surveyor interviewed the Health and Wellness Director (HWD) who stated that the medication should have been given on [redacted] and [redacted] as ordered. At that time the surveyor reviewed the DIS and the bingo card (a system of packaging unit of use doses of medications) with the HWD and confirmed that the medication was not administered on [redacted] and [redacted] according to the physician orders.	A1011		

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A1011	Continued From page 11 On 11/22/19 the surveyor reviewed the facility policy titled, "Medication & Treatment-Administration/Assistance-NJ-10," which documented, "Medication assistance and administration must be in accordance with the prescriber's orders.	A1011		
A1303	8:36-18.3(a)(7)(i-iv) Infection Prevention and Control Services (a) Written policies and procedures shall be established and implemented regarding infection prevention and control, including, but not limited to, policies and procedures for the following: 7. Sterilization, disinfection, and cleaning practices and techniques used in the facility, including, but not limited to, the following: i. Care of utensils, instruments, solutions, dressings, articles, and surfaces; ii. Selection, storage, use, and disposition of disposable and nondisposable resident care items. Disposable items shall not be reused; iii. Methods to ensure that sterilized materials are packaged, labeled, processed, transported, and stored to maintain sterility and to permit identification of expiration dates; and iv. Care of urinary catheters, intravenous catheters, respiratory therapy equipment, and other devices and equipment that provide a portal of entry for pathogenic microorganisms;	A1303		

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A1303	Continued From page 12 This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review it was determined that the facility failed to develop and implement policies and procedures in accordance with the Center for Disease Control (CDC) guidelines on proper storage of used [redacted] to prevent cross contamination of surfaces. This deficient practice was evidenced by the following: On 11/19/19 at 9:28 a.m. the surveyor inspected the medication cart on the [redacted] side of the facility and observed two (2) used [redacted] stored without protective barriers in an area that contained unused medications and supplies. The CDC recommends that "Unused supplies and medications should be maintained in clean areas separate from used supplies and equipment..." During interview with a Licensed Practical Nurse she stated that the pens have been stored without barriers since she began administering medications from this cart a week ago. At 9:40 a.m. on 11/19/19 the surveyor interviewed the Health and Wellness Director who stated that the [redacted] should have been stored within protective barriers to prevent cross contamination of bloodborne pathogens of unused supplies. On 11/22/19 at 8:30 a.m., the surveyor reviewed the facility policy titled, [redacted] [redacted] Readings." Surveyor review of the policy revealed documented instructions for the administration of [redacted] however, the surveyor did not observe included in this policy instructions to the staff for the proper storage of	A1303		

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A1303	Continued From page 13 used [redacted], in accordance with CDC Guidelines to prevent cross contamination of surfaces that were potentially contaminated with blood borne pathogens.	A1303		