

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

PRINTED: 10/23/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315472	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 09/25/2019
NAME OF PROVIDER OR SUPPLIER CARE ONE AT EAST BRUNSWICK			STREET ADDRESS, CITY, STATE, ZIP CODE 599 CRANBURY ROAD EAST BRUNSWICK, NJ 08816		
(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 STANDARD SURVEY: 9/25/19 CENSUS: 105 SAMPLE SIZE: 25 +8 The facility is not in substantial compliance with the requirements of 42 CFR Part 483, Subpart B, for long term care facilities.	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 receipt and disposition of all controlled drugs in	F 755		10/10/19	

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

TITLE

(X6) DATE

Electronically Signed

10/04/2019

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>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 a [REDACTED] was administered with a breakfast meal in accordance with professional standards of nursing practice and physician orders. This deficient practice was identified for 1 of 5 residents reviewed for unnecessary medications (Resident #76). The evidence was as follows:</p> <p>The surveyor reviewed the medical record for Resident #76 on 9/18/19.</p> <p>A review of the resident's admission Minimum Data Set (MDS), an assessment tool used to facilitate the management of care, dated 8/28/19 reflected that Resident #76 was admitted to the facility on [REDACTED] with a diagnoses which include [REDACTED] ([REDACTED]). The MDS assessment further reflected that the resident had a Brief Interview for Mental Status (BIMS) score of [REDACTED]. It further reflected that the resident required an extensive one-person assistance with eating.</p> <p>A review of the resident's individualized, comprehensive care plan initiated on 8/22/19 documented that the resident was dependent on [REDACTED]. The goal included that the</p>	F 755	<p>A. The corrective action accomplished for the deficient practice was to:</p> <ol style="list-style-type: none"> 1. Assess the resident for any signs or symptoms of [REDACTED]. 2. The resident was educated on the importance of eating at the time of the [REDACTED] administration, and the possible side effects of not doing so. 3. The resident was reassessed for requiring any assistance with meals as to avoid any delay in eating after the [REDACTED]. 4. Nursing assistants will check with the nurse before serving Resident # 76 any meal tray, to ensure accurate timing with [REDACTED]. The [REDACTED] was administered as ordered, with meals, for the duration of the stay for Resident #76. 5. The center ordered a stat [REDACTED] test on [REDACTED]. 6. All nurses were educated on the effective times of the [REDACTED]; consuming food with [REDACTED]; and validating that medications with indications for 		

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F 755	<p>Continued From page 2</p> <p>resident will be free from complications related to his/her disease process. Interventions included, "Administer medications per physician orders" and "Provide diet per physician orders."</p> <p>A review of the electronic Medication Administration Record (eMAR) for September 2019 reflected a physician's order (PO) dated 8/22/19 to administer a [REDACTED]. The order specified to [REDACTED]. The eMAR noted the [REDACTED] was scheduled to be administered at 8:00 AM, 12:00 PM and 5:00 PM.</p> <p>On 9/19/19 at 9:08 AM, the surveyor observed Resident #76 in bed with his/her legs dangling off the edge of the bed. There was a covered breakfast tray on the resident's bedside table positioned against the wall. The breakfast tray had not been touched. The resident stated that he/she did not eat breakfast yet. At that time, the resident's assigned Licensed Practical Nurse (LPN) entered the resident's room. The surveyor observed the LPN assist the resident to sit up on the edge of the bed, and the LPN opened the resident's breakfast meal. The breakfast tray included two mini-muffins, hot oatmeal, and apple juice. The LPN began pouring the hot oatmeal onto the open space on the resident's plate. The LPN stated she was setting up the breakfast meal to speed up the process, so it would be easier for the resident to eat. The resident stated that he/she had some nausea and the LPN encouraged the resident to try and eat because she had administered insulin to the resident that morning. The resident took the first bite of breakfast at 9:10 AM.</p>	F 755	<p>administration with meals have been administered as appropriate and according to physicians orders.</p> <p>7. [REDACTED] will not be given unless the meal is present in the room.</p> <p>B. This plan of correction applies to all residents with a diagnosis of [REDACTED] who take [REDACTED] with meals. The center has identified all residents with [REDACTED] who take [REDACTED] with meals as having the potential to be affected by the deficient practice.</p> <p>C. The systematic changes implemented to prevent recurrence of the deficient practice was to :</p> <ol style="list-style-type: none"> 1. Replace the [REDACTED] management Policy with the [REDACTED] Clinical Protocol Policy. 2. The [REDACTED] Protocol was revised to clarify language and specify parameters. These parameters are entered into the EMR as a protocol template. 3. [REDACTED] types and working times were made into an ID badge for nurses to wear and use as a quick reference guide. <p>D. To monitor the corrective action:</p> <ol style="list-style-type: none"> 1. All nurses with diabetic patients on [REDACTED] will be medication-passed weekly for 2 months by the ADON and/or Facility Educator and/or Pharmacy Consultant to 		

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F 755	<p>Continued From page 3</p> <p>At 9:12 AM, the surveyor interviewed the LPN who stated that she checked the resident's [REDACTED] that morning, and the result was [REDACTED]. The LPN stated that she administered [REDACTED] this morning, guessing that she administered it around 8:30 AM. The surveyor inquired about how quickly fast-acting [REDACTED] began to work, and the LPN replied within 15 to 30 minutes, and that it was supposed to be given with the meal so the [REDACTED] doesn't [REDACTED]. The LPN stated that she gave the [REDACTED] when the cart of trays were delivered to the unit. She stated that she did not offer/assist the resident in setting up the breakfast tray until 9:08 AM this morning, because she believed the resident was able to do it independently. She acknowledged that the resident had not eaten food since she administered the [REDACTED].</p> <p>At 9:14 AM, the surveyor interviewed the Registered Nurse (RN) at the desk. The RN stated that [REDACTED] was a [REDACTED] and that the resident needed to eat within an hour of giving the [REDACTED].</p> <p>At 9:36 AM, the surveyor interviewed Resident #76 a second time. The surveyor observed that the resident had consumed 100% of the breakfast meal. The resident stated that the nurses check the [REDACTED] before every meal and that the [REDACTED] were always above [REDACTED]. The surveyor inquired if the resident was able to decipher if he/she had a [REDACTED] based on how he/she felt, and the resident stated that he/she only felt symptoms if the [REDACTED] was [REDACTED]. The surveyor asked what he/she would feel when it would be low, and the resident stated, "I would feel weird." The surveyor asked the</p>	F 755	<p>check the administration of [REDACTED] relative to meals.</p> <p>2. The RN Unit Managers will prepare a root-cause analysis for any incident of [REDACTED] to ensure it was not caused by improper [REDACTED] administration timing, and to ensure the new protocol was followed for 3 months.</p> <p>3. Results of the medication passes in reference to [REDACTED] administration with meal consumption, along with instances of [REDACTED], will be forwarded to the DON for further interventions as necessary until zero errors are maintained for 3 consecutive months. All test results and monitoring will be forwarded to the QA Committee quarterly for determination that the issue is stable.</p>		

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F 755	<p>Continued From page 4</p> <p>resident what he/she meant by "weird" and the resident replied, "I don't know, just weird." The resident denied having any symptoms of [REDACTED] while a resident at the facility, adding that the nurses were "on top of all that." The surveyor asked if the resident had a preferred time he/she liked to be served breakfast, and the resident denied having a preference.</p> <p>At 9:39 AM, the surveyor interviewed a second LPN (LPN #2), regarding the [REDACTED]. LPN #2 stated that [REDACTED] worked within 15 minutes of [REDACTED], and that the resident should have the [REDACTED] with a meal.</p> <p>At 9:49 AM, the surveyor interviewed the Registered Nurse/Unit Manager (RN/UM). The RN/UM stated that [REDACTED] was a [REDACTED] that worked within 15 minutes. The RN/UM acknowledged that if the order specified to administer the [REDACTED] with a meal, the resident should be set up with the tray and ready to eat at the time the [REDACTED] was administered.</p> <p>The surveyor reviewed the Location of Administration Report for September 2019 that accompanied the eMAR for September 2019. The report reflected that the [REDACTED] was administered to the [REDACTED] of the [REDACTED] on 9/19/19 at 7:51 AM that morning.</p> <p>On 9/23/19 at 10:10 AM, the surveyor interviewed the Director of Nursing (DON). The DON stated that the LPN had seen the breakfast trays delivered to the unit that morning and "she assumed" the resident would be eating soon. The DON stated that [REDACTED] was a [REDACTED] and worked within 15 minutes of administration. She acknowledged that if the</p>	F 755			

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F 755	<p>Continued From page 5</p> <p>physician order reflected to administer the [REDACTED] with a meal, it should have been administered within 15 minutes of the resident eating the meal. She stated that the resident was asymptomatic and that the [REDACTED] [REDACTED] was within a normal range.</p> <p>A review of the manufacturer specifications revised 1/2015 for [REDACTED] included, "[REDACTED] has a more rapid onset and a shorter duration of activity than [REDACTED], it should be [REDACTED] immediately (within 5-10 minutes) before a meal..."</p> <p>NJAC 8:39-29.1; 29.2</p>	F 755			