

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

PRINTED: 06/07/2024  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>315468</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>04/08/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>CAREONE AT PARSIPPANY</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>100 MAZDABROOK ROAD</b> <b>PARSIPPANY TROY HILL, NJ 07054</b>		
(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  C #:NJ00165681 and NJ00164265  Census: 67  Sample Size: 6  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 visit.	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		4/10/24	

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

TITLE

(X6) DATE

Electronically Signed

04/26/2024

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 #: NJ00165681</p> <p>Based on interviews and record review, as well as a review of pertinent facility documents on 4/4/24 and 4/8/24, it was determined that the facility failed to administer the medications in accordance with the acceptable standard of nursing practice and follow the facility policy on Medication Administration and Physician Services for 1 of 3 residents (Resident #1) reviewed for medication administrations. This deficient practice was evidenced by the following:</p> <p>1. According to the "ADMISSION RECORD" (AR), Resident #2 was admitted with diagnoses including but not limited to [redacted] and [redacted].</p> <p>A review of Resident #2's care plan (CP), dated [redacted], indicated that Resident #2 was had [redacted] NJ Exec Order 26.4b1. Interventions included but not limited to administer medications per physician orders.</p> <p>A review of Resident #2's "Order Recap Report" (ORR) revealed an order for the following:</p> <p>On [redacted] NJ Exec Order 26.4b1, give 2 capsules by mouth every 12 hours for [redacted].</p>	F 755	<p>Resident # 2 was discharged from the facility medication [redacted] and [redacted] were administered. there were no missed doses. Resident had no noted untoward effects related to the time of the medication administration. All resident receiving medication administration have the potential to be affected.</p> <p>The Director of Nursing/designee conducted an audit 30 percent of current resident's medication administration records to ensure medication administered as per Physician orders. The Director of nursing provided in service re-education to nurses on medication administration including but not limited to; administering medications according to the schedule time; documentation if a drug is withheld, refused or given at a time other than the scheduled time.</p> <p>The Director of nursing/designee will conduct (5) medication administration record audits per week times 4 weeks, then (5) Medication Administration record audits per month x 3 months. The results of the audits will be forwarded to the facility administator and QAPI</p>		

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F 755	<p>Continued From page 2</p> <p>On <b>NJ Exec Order 26.4b1</b>, <b>NJ Exec Order 26.4b1</b>, by mouth every 6 hours for <b>NJ Exec Order 26.4b1</b> for 10 days.</p> <p>A review of Resident #2's "Medication Administration Report" (MAR) for <b>NJ Exec Order 26.4b1</b> confirmed the abovementioned medications were scheduled and to be administered as follows:</p> <p><b>NJ Exec Order 26.4b1</b> at 9:00 a.m. and 9:00 p.m. <b>NJ Exec Order 26.4b1</b> at 12:00 a.m., 6:00 a.m., 12:00 p.m., and 6:00 p.m.</p> <p>A review of Resident #2's "Medication Admin Audit Report" (MAAR) indicated that the abovementioned medications were not administered according to the scheduled time. The medications were administered as follows:</p> <p><b>NJ Exec Order 26.4b1</b> was scheduled to be administered at 9:00 a.m. and 9:00 p.m., however, on the following days the medication was given late.</p> <p><b>NJ Exec Order 26.4b1</b> was administered at 10:46 a.m. <b>NJ Exec Order 26.4b1</b> was administered at 10:58 a.m. <b>NJ Exec Order 26.4b1</b> was administered at 10:36 a.m. and at 10:40 p.m. <b>NJ Exec Order 26.4b1</b> was administered at 10:38 a.m. <b>NJ Exec Order 26.4b1</b> was administered at 10:25 a.m. and at 11:29 p.m. <b>NJ Exec Order 26.4b1</b> was administered at 10:56 a.m. <b>NJ Exec Order 26.4b1</b> was administered at 10:53 a.m.</p> <p><b>NJ Exec Order 26.4b1</b> at 12:00 p.m., <b>NJ Exec Order 26.4b1</b> was administered at 4:14 p.m.</p>	F 755	Committee for further review and recommendations as needed		

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F 755	<p>Continued From page 3</p> <p><b>[REDACTED]</b> was administered at 2:26 p.m. <b>[REDACTED]</b> was administered at 4:58 p.m.</p> <p>A review of Resident #2's progress notes (PN) from <b>[REDACTED]</b> to <b>[REDACTED]</b>, there was no indication in the PN that the Resident's Primary Care Physician (PCP) was notified that the aforementioned medications were not administered according to the scheduled time. In addition, there was no documented evidence of harm to the resident from the late administration of medications.</p> <p>During an interview with Registered Nurse (RN #1) on 4/4/24 at 1:07 p.m., RN #1 stated that if the medications were not administered according to the scheduled time "or running late with medications," RN would document that the medications were given late and would call the doctor to notify that the medications were not administered according to the scheduled time.</p> <p>During an interview with the Administrator and the Director of Nursing (DON) on 4/4/24 at 3:02 p.m., the DON stated that the nurses were to administer the medications according to the schedule. DON further stated that if the medications were not administered on scheduled time, the nurse was to notify the doctor and document in the residents' PN.</p> <p>A review of the facility's policy titled "Administering Medication," dated on 5/21/19, indicated "Policy Statement Medications are administered in a safe and timely manner, and as prescribed....4. Medications are administered in accordance with prescriber orders, including any required time frame...7. Medications are administered within one (1) hour of their</p>	F 755			

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F 755	Continued From page 4 prescribed time, unless otherwise specified...21. If a drug is withheld, refused, or given at a time other than the scheduled time, the individual administering the medication...For centers utilizing electronic documentations (i.e., eMAR), utilize the appropriated documentation code..."  NJAC 8:39-29.2 (d)	F 755		

## POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 315468	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	Y2	DATE OF REVISIT 4/29/2024	Y3
NAME OF FACILITY CAREONE AT PARSIPPANY			STREET ADDRESS, CITY, STATE, ZIP CODE 100 MAZDABROOK ROAD PARSIPPANY TROY HILL, NJ 07054		

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 _____	04/10/2024	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 4/8/2024		<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? <span style="float: right;"><input type="checkbox"/> YES <input type="checkbox"/> NO</span>		