

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

PRINTED: 03/03/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315506	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/11/2020
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NAME OF PROVIDER OR SUPPLIER MANORCARE HEALTH SERVICES-WASHINGTON TOWNSHIP	STREET ADDRESS, CITY, STATE, ZIP CODE 378 FRIES MILL ROAD SEWELL, NJ 08080
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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 #: NJ00135873, NJ00137883 CENSUS: 90 SAMPLE: 7 THE FACILITY IS NOT IN COMPLIANCE WITH THE REQUIREMENTS OF 42 CFR PART483,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.	F 755		9/25/20

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 09/25/2020
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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>§483.45(b)(2) Establishes a system of records of 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 # NJ 00135873</p> <p>Based on observation, interview, and document review, it was determined that the facility failed to remove controlled medications from 1 of 6 active medication carts inspected.</p> <p>This deficient practice was evidenced by the following:</p> <p>1) On 9/10/2020 at 1:23 PM, the surveyor inspected the narcotic count and storage on Cart [REDACTED], [REDACTED] Unit with the Registered Nurse (RN) assigned to the cart. The bottom drawer contained a lock box that contained the narcotics. The RN stated that there were 18 narcotics that were locked in this drawer. Upon review of the declining inventory sheets when compared to the bingo cards and two bottles of liquid [REDACTED] [REDACTED]). The RN stated that Resident #7 had been deceased for approximately one month. The RN added that the medication should be removed from the medication cart and destroyed by two licensed professionals. She added that it remains stored in the active medication cart and that she would have to reach out to the Director of Nursing (DON) to find out how to handle Resident #7's medications.</p>	F 755	<p>1. Resident affected by alleged practice: The narcotics were removed from medication cart #1 and destroyed per policy and no residents were affected from deficient practice.</p> <p>2. Residents having potential to be affected by deficient practice. Residents residing in the facility have the potential to be affected by the deficient practice.</p> <p>3. Measures to be implemented to ensure alleged practice does not occur: The policy and procedure on narcotic handling were reviewed and no changes were necessary. Re-in-service commenced for all licensed nursing staff on the handling and destruction of narcotics.</p> <p>4. How will the facility monitor the effectiveness of correct action: The Don or designee will conduct audits to ensure compliance with Narcotic destruction as it relates to the policy and procedure. Audit tool will be complete weekly x4, then monthly x2. The results of the audits will be reported at the QA meeting monthly</p>		

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F 755	<p>Continued From page 2</p> <p>On the same day at 1:45 PM, the surveyor observed a white binder that was stored at the Nurses Station on the [REDACTED] Unit and the cover had the label: Controlled Substance, Glucometer Check, 24 Hour Report Sheet, Reference Sheet and SBAR Sheets. This binder contained a form titled Master Narcotic Controlled Substance Count Sheet and had a handwritten label for Resident #7 dated 9/7 numbered with 11 for [REDACTED] was on the list. The Master Narcotic Sheet also had the date received of 7/30 for Resident #7 [REDACTED] used to [REDACTED]) [REDACTED] mg (milligram) 28 tablets. The surveyor then reviewed the facility form titled, Controlled Substance Record which was the declining inventory sheets for the [REDACTED] [REDACTED] mg/ml solution was last dated 7/20/2020. There was a third Controlled Substances Record for Resident #7 for the medication, [REDACTED] mg tablet that was blank. The actual bingo card in the medication cart contained 28 tablets had the word, "Expired" written in pen on the top right corner.</p> <p>At 1:50 PM, the surveyor interviewed the same RN who stated that medications were always wasted in the presence of two nurses and that either the DON or Assistant Director of Nursing (ADON) would waste the medication. The RN stated that ideally the narcotic should be wasted the following day after it had been discontinued, discharged or resident expired. She added that it was the responsibility of the DON and ADON to waste the medication.</p> <p>On the same day at 4:07 PM, the surveyor interviewed the DON, who stated that two nurses should complete the narcotic count together at the beginning and end of each shift. She added</p>	F 755	x3.		

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F 755	<p>Continued From page 3</p> <p>that the UM or me would collect the narcotics to waste them. She the added that if a resident was deceased the medication should be removed and destroyed.</p> <p>On 9/10/2020 at 5:32 PM, the surveyor reviewed the facility policy titled, Medication Disposal/Destruction with a date of 8/2018. Under Procedure it read:</p> <ol style="list-style-type: none"> 1. When appropriate, Nursing Center staff should destroy and dispose of medications in accordance with Nursing Center policy and Applicable Law when medication should not be returned to pharmacy. 2. Once an order to discontinue a medication is received, the Nursing Center staff is to remove this medication from the resident's drug supply, 3. The Nursing Center communicates the order discontinuing the medication to the pharmacy, 4. The Nursing Center will place all discontinued medications in a designated, secure location which is solely for discontinued medications or marked to identify the medications are discontinued and subject to destruction, 5. When medications should not be returned to pharmacy, the Nursing Center destroys medications in the presence of a registered nurse and witnessed by one other licensed nurse or pharmacist, in accordance with Nursing Center policy or applicable law, <p>and,</p> <ol style="list-style-type: none"> 7. Discontinued medications or medications left in a Nursing Center after discharge will be 	F 755			

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F 755	<p>Continued From page 4</p> <p>disposed of by the Nursing Center within 30 days of the date the medication was discontinued by the prescriber,</p> <p>8. Destruction of controlled medications is documented with the signatures of DON or designee and witnessing licensed nurse.</p> <p>On 9/11/2020 at 11:35 AM, the surveyor interviewed the Consultant Pharmacist (CP) who stated that he was not involved in the destruction of narcotics but that they should be wasted by two nurses and that they should follow the facility policy.</p> <p>On 9/11/2020 at 1:16 PM, the surveyor reviewed the closed record of Resident #7 which revealed an Order Summary Report that identified the [REDACTED] mg/ml Solution and the [REDACTED] Tablet [REDACTED] mg had a start order of [REDACTED].</p> <p>The surveyor then reviewed a Progress Note dated [REDACTED] at 14:18 (2:18 PM) that read: Patient expired at 2 PM.</p> <p>At 12:32 PM, the DON was made aware that Resident #7 passed away on [REDACTED] and that the morphine sulfate solution and tablets remained on the active medication cart greater than 30 days. The DON reviewed the policy and confirmed that the narcotics should have been destroyed prior to the surveyor's inspection and stated that the staff should follow the policy.</p> <p>N.J.A.C 8:39-29.1(c)</p>	F 755		