DEPARTMENT OF HEALTH AND HUMAN SERVICES FOR							M APPROVED
CENTER	S FOR MEDICARE &	MEDICAID SERVICES				OMB NC	D. 0938-0391
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		· ,	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
315485		B. WING			12/19/2019		
NAME OF PI	ROVIDER OR SUPPLIER			STR	REET ADDRESS, CITY, STATE, ZIP CODE	<u>.</u>	
CARE ON	E AT WALL				1 HIGHWAY 138		
				WA	LL, NJ 07719		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
F 000	INITIAL COMMENTS		F 0	00			
	STANDARD SURVE	Y: 12/19/19					
	CENSUS: 107						
	SAMPLE SIZE: 24						
F 761 SS=D		d Biologicals	F 70	61			12/31/19
	§483.45(g) Labeling o Drugs and biologicals	of Drugs and Biologicals used in the facility must be with currently accepted s, and include the y and cautionary					
	§483.45(h)(1) In acco Federal laws, the faci biologicals in locked of	f Drugs and Biologicals ordance with State and lity must store all drugs and compartments under proper and permit only authorized cess to the keys.					
	locked, permanently a storage of controlled the Comprehensive E Control Act of 1976 a abuse, except when t package drug distribu	cility must provide separately affixed compartments for drugs listed in Schedule II of Orug Abuse Prevention and nd other drugs subject to he facility uses single unit tion systems in which the imal and a missing dose can					
		SUPPLIER REPRESENTATIVE'S SIGNATURI	Ē		TITLE		(X6) DATE
Electronically Signed 12/3							12/31/2019

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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	-	D HUMAN SERVICES MEDICAID SERVICES					INTED: 02/10/2020 FORM APPROVED IB NO. 0938-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING				(X3) DATE SURVEY COMPLETED	
315485			B. WING				12/19/2019
NAME OF PF	ROVIDER OR SUPPLIER		•	S	TREET ADDRESS, CITY, STATE, ZIP CODE	-	
CARE ON	E AT WALL				621 HIGHWAY 138 /ALL, NJ 07719		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETION DATE
F 761	by: Based on observation review, it was determin properly store, label a in 3 of 6 medication correfrigerators inspected This deficient practices following: On 12/13/19 at 10:49 the subacute medicat of a Licensed Practica surveyor observed on one opened bottle opened I, one opened and one opened not dated. The surveyor interview an have been dated whee On 12/13/19 at 10:55 the subacute medicat	is not met as evidenced n, interview and record ned the facility failed to nd dispose of medications arts and 1 of 2 medication d. was evidenced by the AM, the surveyor inspected ion cart #2 in the presence al Nurse (LPN). The e opened, one , one opened, , one , one opened, med that were wed LPN #1 who stated that should	F	761	How the corrective action will be accomplished for those residents for have been affected by the practice "Director of Nursing inspected medication cart #2 the opened that were not dated were removed and disposed safely. Sub acute medication cart #4 open that was not dated removed and disposed safely. Sub acute medication cart #4 open that was not dated removed and disposed safely. With an open dat 10/10/19 was removed and disposed safely. The opened bottle of that was not dated was removed disposed safely. The open vial of that not dated in the medication room refrigerator was removed and disp safely.	? were ed ed was te of ed ed and t was osed nd ation	
	that was not dated. Than opened package of with an opened surveyor interviewed discontinued and sho	ne surveyor also observed			An open vial of that was not dated from the floor medication refrigerator was reand disposed safely.	moved	

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Event ID: T79N11

Facility ID: NJ556213

If continuation sheet Page 2 of 4

CENTER	MENT OF HEALTH AN S FOR MEDICARE & I DF DEFICIENCIES		(X2) MULTIP	LE CONSTRUCTION	FOR OMB NO	D: 02/10/2020 M APPROVED D. 0938-0391 E SURVEY
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING	3	COM	PLETED	
315485			B. WING		12	/19/2019
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		
CARE ON	E AT WALL			2621 HIGHWAY 138 WALL, NJ 07719		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETION DATE
F 761	been dated when ope On 12/13/19 at 11:00 the medicat presence of RN #1. To opened vial of that wa interviewed RN #1 who of when opened. On 12/13/19 at 11:04 the medicat of LPN #3. The surver that were not dated w interviewed LPN #3 w should have been dat had been opened. On 12/13/19 at 11:09 the floor medicati presence of LPN #4. opened vial of	AM, the surveyor inspected ion room refrigerator in the The surveyor observed an as not dated. The surveyor to stated that an opened vial should have been dated AM, the surveyor inspected ion cart #3 in the presence yor observed one opened hen opened. The surveyor tho stated that the opened ed on the vial when they AM, the surveyor inspected on refrigerator in the The surveyor found an ) the surveyor interviewed LPN	F 76	<ul> <li>"Director of Nursing disposed of discontinued medications.</li> <li>"Director of Nursing disposed the that were opened and not date that were opened and not date.</li> <li>How the facility will identify other rehaving the potential to be affected to same deficient practice?</li> <li>" Director of Nursing, Assistant Director of Nursing, and Unit Managers conductive of the residents using the potents using the potential to be affected to be affe</li></ul>	sidents by the ector of cted a and een ce or e to ill not ducator cal hat	
	above medication rev 1. once of expiration date. 2. once of expiration date. 3. once of expiration date. 9. once of ex	opened had a 42-day once opened had a 42-day once opened had a		" The Pharmacy Consultant in-serv the nurses in r/t labeling and storag drugs and biologicals according to accepted professional principles. The includes appropriate accessories, cautionary instructions, and expirat dates. "The Unit Manager and/or designeet conduct a bi-weekly medication car	e of nis ion ∋ will	

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: T79N11

Facility ID: NJ556213

If continuation sheet Page 3 of 4

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION       (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:       (X2) MULTIPLE CONSTRUCTION A BUILDING       (X3) DATE SUR A BUILDING         NAME OF PROVIDER OR SUPPLIER       315485       B. WING       12/19/2         NAME OF PROVIDER OR SUPPLIER       STREET ADDRESS, CITY, STATE, ZIP CODE       2621 HIGHWAY 138 WALL, NJ 07719         (X4) ID PREFIX TAG       SUMMARY STATEMENT OF DEFICIENCIES REGULATORY OR LSC IDENTIFYING INFORMATION)       ID PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION)       PROVIDER SPLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)       CO         F 761       Continued From page 3 expiration date.       F 761       med room inspection.       "The Pharmacy Consultant will conduct a monthly medication cart and medication room inspection.       O         7.       vial once opened had a 4-day expiration date.       vial once opened had a 4-day expiration date.       How the facility will monitor its corrective actions to ensure that the deficient practice will not recur i.e. what quality assurance program will be put into place to monitor the continued effectiveness of the systemic changes?         A review of the facility policy titled Storage of Medication under #5 "Discontinued, outdated, or deteriorated drugs or biologicals are returned to       "the Assistant Director of Nursing and/or designee will receive a bi-weekly			ID HUMAN SERVICES				FORM	APPROVED 0. 0938-0391	
NAME OF PROVIDER OR SUPPLIER     STREET ADDRESS, CITY, STATE, ZIP CODE       CARE ONE AT WALL     STREET ADDRESS, CITY, STATE, ZIP CODE       CARE ONE AT WALL     2621 HIGHWAY 133       WALL, NJ 07719     WALL, NJ 07719       (X4) ID PREFIX TAG     SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)     PID PREFIX TAG     PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)     CO       F 761     Continued From page 3 expiration date.     F 761     med room inspection.     CO       5.     test strips once opened had a 90-day expiration date.     F 761     med room inspection.     The Pharmacy Consultant will conduct a monthly medication cart and medication room inspection.     The Pharmacy Consultant will conduct a monthly medication cart and medication room inspection.       7.     vial once opened had a 4-day expiration date.     vial once opened had a 4-day expiration date.     How the facility will monitor its corrective actions to ensure that the deficient practice will not recur i.e. what quality assurance program will be put into place to monitor the continued effectiveness of the systemic changes?       A review of the facility policy titled Storage of Medication under #5 "Discontinued, outdated, or deteriorated drugs or biologicals are returned to     "the Assistant Director of Nursing and/or designee will receive a bi-weekly							(X3) DATE SURVEY COMPLETED		
NAME OF PROVIDER OR SUPPLIER       STREET ADDRESS, CITY, STATE, ZIP CODE         CARE ONE AT WALL       2621 HIGHWAY 138         (X4) ID PREFIX TAG       SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)       D PREFIX TAG       PROVIDER'S PLAN OF CORRECTION (EACH OERFECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)       0         F 761       Continued From page 3 expiration date.       F 761       med room inspection.       0         5.       test strips once opened had a 90-day expiration date.       F 761       med room inspection.       "The Pharmacy Consultant will conduct a monthly medication cart and medication room inspection.         7.       vial once opened had a 4-day expiration date.       vial once opened had a 4-day expiration date.       How the facility will monitor its corrective actions to ensure that the deficient practice will not recur i.e. what quality assurance program will be put into place to monitor the continued effectiveness of the systemic changes?         A review of the facility policy titled Storage of Medication under #5 "Discontinued, outdated, or deteriorated drugs or biologicals are returned to       "the Assistant Director of Nursing and/or designee will receive a bi-weekly	315485		B. WING_		12/19/2019				
CARE ONE AT WALL         WALL, NJ 07719         WALL, NJ 07719         WALL, NJ 07719         WALL, NJ 07719         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)       CO         F 761       Continued From page 3 expiration date.       F 761       med room inspection.       The Pharmacy Consultant will conduct a monthly medication cart and medication room inspection.       med room inspection.         7.       once opened had a 28-day expiration date.       vial once opened had a 4-day expiration date.       How the facility will monitor its corrective actions to ensure that the deficient practice will not recur i.e. what quality assurance program will be put into place to monitor the continued effectiveness of the systemic changes?         A review of the facility policy titled Storage of Medication under #5 "Discontinued, outdated, or deteriorated drugs or biologicals are returned to       " the Assistant Director of Nursing and/or designee will receive a bi-weekly	NAME OF PROVIDER OR SUPPLIER				ST	REET ADDRESS, CITY, STATE, ZIP CODE			
WALL, NJ 07719	CARE ONE	E AT WALL			2621 HIGHWAY 138				
PREFIX TAG       (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)       PREFIX TAG       (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)       CO         F 761       Continued From page 3 expiration date.       F 761       med room inspection.       med room inspection.       Image: Comparison of the compar					W	ALL, NJ 07719			
expiration date.med room inspection.5.test strips once opened had a 90-day expiration date.med room inspection.6.once opened had a 28-day expiration date."The Pharmacy Consultant will conduct a monthly medication cart and medication room inspection.7.vial once opened had a 4-day expiration date.How the facility will monitor its corrective actions to ensure that the deficient practice will not recur i.e. what quality assurance program will be put into place to monitor the continued effectiveness of the systemic changes?A review of the facility policy titled Storage of Medication under #5 "Discontinued, outdated, or deteriorated drugs or biologicals are returned to"the Assistant Director of Nursing and/or designee will receive a bi-weekly	PREFIX	(EACH DEFICIENCY MUST BE PRECEDED BY FULL				(EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI		(X5) COMPLETION DATE	
the dispensing pharmacy or destroyed. Dating of opened medication was not reflected in the Storage of Medication policy.       medication room and med care inspection report as part of our monthly QAPI.         NJAC: 8:39-29.4 (a) (h) and (d)       "The Director of Nursing and/or designee will establish a Quality Assurance Program in r/t drugs/storage/label and biological based on medication and med cart inspection.         "The pharmacy consultant will establish a quarterly quality assurance program.         The role of QAPI is to monitor and review trends in order to ensure quality Assurance. QAPI will be reviewed monthly and quarterly.	F 761	expiration date. 5. test strips expiration date. 6. expiration date. 7. expiration date. 8. expiration date. 8. expiration date. 9. expiration date.	once opened had a 90-day once opened had a 28-day once opened had a 4-day vial once opened had a 4- e. ned had a 30-day expiration v policy titled Storage of "Discontinued, outdated, or biologicals are returned to nacy or destroyed. Dating of as not reflected in the n policy.	F	761	"The Pharmacy Consultant will conduct monthly medication cart and medication room inspection. How the facility will monitor its corrective actions to ensure that the deficient practice will not recur i.e. what quality assurance program will be put into place to monitor the continued effectiveness the systemic changes? " the Assistant Director of Nursing and designee will receive a bi-weekly medication room and med care inspect report as part of our monthly QAPI. " The Director of Nursing and/or design will establish a Quality Assurance Program in r/t drugs/storage/label and biological based on medication and me cart inspection. " The pharmacy consultant will establis quarterly quality assurance program. The role of QAPI is to monitor and revit trends in order to ensure quality Assurance. QAPI will be reviewed mor	n ve ce of /or tion nee ed sh a ew		

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If continuation sheet Page 4 of 4

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