

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

PRINTED: 07/09/2019  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>315087</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>06/07/2019</b>
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NAME OF PROVIDER OR SUPPLIER  <b>CARE ONE AT KING JAMES</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1040 ROUTE 36 ATLANTIC HIGHLANDS, NJ 07716</b>
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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  STANDARD SURVEY: 6/7/2019  CENSUS: 99  SAMPLE SIZE: 21 (Plus 3 Closed Records)  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 761 SS=D	Label/Store Drugs and Biologicals CFR(s): 483.45(g)(h)(1)(2)  §483.45(g) Labeling of Drugs and Biologicals Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable.  §483.45(h) Storage of Drugs and Biologicals  §483.45(h)(1) In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys.  §483.45(h)(2) The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.	F 761		6/12/19

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  Electronically Signed	TITLE	(X6) DATE <b>06/21/2019</b>
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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 761	<p>Continued From page 1</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, it was determined that the facility failed to properly store and label medications in 1 of 3 medication storage rooms and 1 of 4 medication carts inspected.</p> <p>This deficient practice was evidenced by the following:</p> <p>On 06/04/19 at 11:42 a.m., the surveyor inspected the [REDACTED] medication storage room and refrigerator in the presence of the License Practical Nurse (LPN) Unit manager (UM) and observed the following:</p> <p>1. The medication refrigerator temperature read 50 degrees Fahrenheit (F). A review of the Refrigerator Temperature Log (RTL) dated June 2019, revealed that on 06/03/19, the refrigerator temperature was 48 degrees F. Further review of the RTL, under the corrective action column revealed no documentation of corrective action. The instructions on the RTL indicated that the refrigerator needs to be between 36-46 degrees F.</p> <p>The surveyor interviewed the LPN UM who stated that the staff should have notified maintenance right away when the temperature read 48 degrees F on 06/03/19. The LPN UM said she was not aware of this and stated she did not know why the staff did not inform herself or maintenance of the issue.</p> <p>2. In the medication refrigerator the surveyor observed an opened and undated [REDACTED].</p>	F 761	<p>#1 How the corrective action will be accomplished for those residents found to have been affected.</p> <p>The medications in the refrigerator were transferred to another refrigerator and the medication refrigerator was removed by maintenance for 72 hours and placed back into service as there no abnormal temperatures observed.</p> <p>The [REDACTED] not dated was removed and disposed of immediately. The [REDACTED] that was recently delivered to the facility was discarded as it did not have the date opened. The [REDACTED] and [REDACTED] while not required to be dated (manufacture expiration date) was discarded as well.</p> <p>#2 How the facility will identify other residents having the potential to be affected by the same deficient practice.</p> <p>Medication carts and rooms were checked and no other residents were affected.</p> <p>#3 What measures will be put in place or systematic changes will be made to ensure that the deficient practice will not recur</p> <p>Daily checks of Medication refrigerators temps will be documented on the log sheet and temperatures out of range will be immediately reported to Supervisor</p>	

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F 761	<p>Continued From page 2</p> <p>The surveyor interviewed the LPN UM who stated that the [REDACTED] should have been dated when opened. She further stated that the vial will be removed from use and destroyed.</p> <p>3. On 06/14/19 at 11:25 a.m., the surveyor inspected the [REDACTED] med cart #1, in the presence of the Registered Nurse (RN), the surveyor observed the following:</p> <p>[REDACTED]</p> <p>The surveyor interviewed and asked the RN, what is the facility policy for storing and dating medication. The nurse stated, "I know the medications should have been dated, but I don't know the policy, I am just a per-diem nurse, I don't work everyday, but I dated the medications that I opened this morning".</p> <p>On 06/05/19 at 1:10 p.m., the survey team met with the Administrator and the DON and discussed the above observations and concerns. The DON stated that nurses are required to date any medication that is opened.</p> <p>A review of the Facility's Policy titled Medication Storage revealed the following under procedure: #3 "Medications will be stored at the appropriate temperature in accordance with the pharmacy and/or manufacturer labeling." #8 "Medications requiring refrigeration will be stored in a refrigerator that is maintained between 2 to 8</p>	F 761	<p>and designee (e.g. Maintenance) for evaluation of medication and appliance. Education to nursing staff was provided to include the above assessment and action. Education of Clinical Staff on proper Medication Storage and dating was also conducted.</p> <p>#4 How the facility will monitor its corrective actions to ensure that deficient practice is being corrected and will not recur, i.e. what QA program will be put into place to monitor the continued effectiveness of the systemic change.</p> <p>Unit Managers (or designee) will conduct random audits of two medication refrigerators to monitor the proper temperature and if action was needed(e.g.temp high or low, it was communicated. In addition, audits will include four medication carts per week to evaluate for proper dating. Audits will continue for period of 4 weeks.</p> <p>The results of these audits will be submitted to Quality Assurance and Performance Improvement (QAPI)Committee for review for two months to determine further action to plan if needed</p>		

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F 761	<p>Continued From page 3</p> <p>degrees Celsius (36 to 46 degrees F)." #9 "Refrigerators used for medications storage will contain a thermometer to indicate the temperature within." #10 Temperature will be checked daily to ensure it is within the specified range. If temperature is out of range, the refrigerator thermostat will be adjusted."</p> <p>A review of the Facility's Policy titled Labeling of Medication Containers revealed the following under #3 "Labels for individual resident medications include all necessary information, such as: "h. The expiration date when applicable."</p> <p>A review of the Facility Policy titled Labeling of Medication Containers #3 "Labels for individual resident medications did not include the dating of individualized medication upon opening the medication.</p> <p>NJAC: 8:39-29.4 (a)(h)(d)</p>	F 761			