

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315284	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/23/2021
NAME OF PROVIDER OR SUPPLIER COMPLETE CARE AT MONMOUTH, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 229 BATH AVENUE LONG BRANCH, NJ 07740	
(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 Complaint #: NJ128570, NJ131954, NJ133668, NJ134091, NJ134134, NJ136134, NJ138292, NJ139216, NJ140032, NJ140594 Census: 72 Sample Size: 10 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 survey.	F 000		
F 658 SS=D	Services Provided Meet Professional Standards CFR(s): 483.21(b)(3)(i) §483.21(b)(3) Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (i) Meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Complaint Intake: NJ133668 Based on record review, facility policy review, and staff interview, it was determined that the facility failed to administer medications on time for 1 of 3 sampled residents (Resident █) reviewed for medication administration. Findings included: 1. Resident █ was admitted to the facility on █. Diagnoses included █, and █. Resident █'s Medication Administration Record	F 658	F-0658 - 483.21(b)(3)(i) I. Immediate Correction Resident █ did not have any negative adverse effects related to the deficiency cited. LPN #5 no longer works for the facility. Resident █'s MAR was audited by the DON for compliance including timeliness to ensure the services provided or arranged by the facility, as outlined by the comprehensive care plan, meet professional standards of quality. No other residents were affected. II. Identification of Other Areas	8/12/21

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

TITLE

(X6) DATE

Electronically Signed

07/15/2021

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 658	<p>Continued From page 1</p> <p>(MAR) for [REDACTED] was reviewed. The resident had physician's orders for [REDACTED], [REDACTED], and [REDACTED] (for treatment of [REDACTED]) that were to be administered at 5:00 PM. On 02/13/2020, the three medications were not given until 11:50 PM.</p> <p>On 02/13/2020, a [REDACTED], ordered to be given at 7:00 PM, was given at 11:50 PM.</p> <p>The resident also had orders for [REDACTED] ([REDACTED]), [REDACTED], [REDACTED] (to treat [REDACTED] disease), [REDACTED], [REDACTED], [REDACTED], and [REDACTED]. These seven medications were ordered to be given at 9:00 PM. On 02/13/2020, the medications were documented as given at 11:50 PM.</p> <p>All the medications were signed as given by Licensed Practical Nurse (LPN) #5.</p> <p>On 06/09/2021 at 2:34 PM, an interview was completed with the Director of Nurses (DON). The DON said that nurses have one hour before and one hour after the ordered time to give medications. The DON said that LPN #5 worked from 4:00 PM until 7:00 AM, on 02/13/2020-02/14/2020. LPN #5 was no longer employed by the facility.</p> <p>A review of the facility policy titled, Medication Administration Schedule, dated November 2020, noted, "3. Scheduled medications are administered within one (1) hour of their prescribed time, unless otherwise specified."</p>	F 658	<p>All residents have the potential to be affected. An audit was started by the DON and Pharmacy Consultant of all resident's medication administration times against times of medication administration completed. This will ensure compliance with the Facility Medication Administration Schedule Policy and Procedure, F-0658 - 483.21(b)(3)(i), and New Jersey Administrative Code 8:39 - 29.2(d). Documentation will be held for validation and verification.</p> <p>III. Systematic Changes All licensed nursing staff who are tasked with resident medication administration, will be re-educated by DON or designee on:</p> <ol style="list-style-type: none"> 1. Medication administration standards of practice/observation 2. Medication administration schedule policy 3. Medication administration documentation policy and procedures <p>The Consultant Pharmacist will also conduct with licensed nursing staff who are tasked with resident medication administration, monthly for 3 months and then ongoing, random medication pass observations with focus on scheduled medications administered within one (1) hour of their prescribed time, unless otherwise specified. The Medication Administration times audit will also be part of the Consultant Pharmacist Monthly Medication Regimen Review and will inform the DON immediately any irregularity for follow up and immediate</p>	

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

PRINTED: 08/03/2022
FORM APPROVED
OMB NO. 0938-0391

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F 658	Continued From page 2 New Jersey Administrative Code 8:39 - 29.2(d)	F 658	<p>resolution. Documents from re-in servicing and random medication passes will be recorded and held for verification.</p> <p>The DON or qualified designee will audit resident medication administration times weekly over 4 weeks, then quarterly ongoing. Audits will be recorded and held for verification.</p> <p>IV. Quality Assurance Monitoring: The DON will review with Administrator weekly for the next 4 weeks results of audits. The DON will review reports for trends and compliance. The DON and Pharmacy Consultant will submit the audit findings will be presented to the QAPI Committee quarterly for further review and recommendations.</p>		