

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

PRINTED: 03/18/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315275	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 10/18/2019
NAME OF PROVIDER OR SUPPLIER CONCORD HEALTHCARE & REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 963 OCEAN AVE LAKEWOOD, NJ 08701		
(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 STANDARD SURVEY: 10/18/19 CENSUS: 101 SAMPLE SIZE: 21 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		11/9/19	

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

TITLE

(X6) DATE

Electronically Signed

11/07/2019

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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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 dispose of medications and document medication administration for 1 of 1 resident, during medication cart inspection (Resident #10).</p> <p>This deficient practice was identified for 1 of 3 medication carts and was evidenced by the following:</p> <p>On 10/15/19 at 12:28 PM, the surveyor inspected the [REDACTED] medication cart located on the [REDACTED], in the presence of LPN #2. The surveyor observed a small unlabeled clear medication cup which contained applesauce, a powdered substance with particles and a white plastic spoon. This small medication cup was along with its contents was placed inside a larger clear cup and was inside the locked narcotic drawer.</p> <p>During an interview at the time of the observation, LPN #2 identified the powdered substance as crushed medications. She stated the crushed medications were [REDACTED] [REDACTED] one tablet for Resident #10. LPN #2 stated that the resident did not want to take the medication at the prescribed time and she did not want to waste the pills. LPN #2 stated it was not nursing practice to leave crushed medication in the medication cart and also stated that she did something "stupid." LPN #2 stated she should have wasted the medication when the resident refused at the time of administration.</p> <p>When interviewed on 10/17/19 at 12:38 PM, the Assistant Director of Nursing (ADON) stated that that the crushed medications, applesauce, and</p>	F 761	<p>When identified by surveyor, LPN #2 properly discarded medication that was improperly stored. Pharmacy Consultant will do a med pass with LPN #2 and provide education as necessary as it relates to medication storage. Administrator and Director of Nursing will inspect each medication cart and medication room to ensure that medication is being stored properly. In-service education will be provided by ADON to all professional nurses on proper storage of medication and on proper procedure to follow when medication is refused by a resident. Medication carts and medication rooms will be inspected monthly X 3 months, by nursing administration for proper storage of medications. Findings will be reported monthly at facility QAPI meeting.</p> <p>Date of completion November 9th, 2019</p>		

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F 761	<p>Continued From page 2</p> <p>spoon that were stored in the narcotic box, was an infection control issue and went against the facility's medication storage policy. The ADON stated that the storage of the crushed medication was "wrong."</p> <p>Review of the facility policy titled, "Storage of Medications" and dated 10/11/18, revealed under the Interpretation and Implementation section: "2. The nursing staff shall be responsible for maintaining medication storage and preparation areas in a clean, safe, and sanitary manner."</p> <p>NJAC 8:39-29.2(d)</p>	F 761			