

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

PRINTED: 02/20/2020  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>315206</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>01/10/2020</b>
NAME OF PROVIDER OR SUPPLIER  <b>MANAHAWKIN CONV CTR</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1211 RT 72 WEST</b> <b>MANAHAWKIN, NJ 08050</b>	
(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	F 000		
F 658 SS=D	<p>COMPLAINT #: NJ130238, NJ130280, NJ131434, NJ131590, NJ131602</p> <p>CENSUS: 105</p> <p>SAMPLE SIZE: 7</p> <p>Services Provided Meet Professional Standards CFR(s): 483.21(b)(3)(i)</p> <p>§483.21(b)(3) Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan, must-</p> <p>(i) Meet professional standards of quality. This REQUIREMENT is not met as evidenced by:</p> <p>Based on observations, interviews, review of medical record (MR) and other pertinent facility documentation, it was determined that the facility failed to maintain a professional standard for nursing practice by not following a Physician's order for a dressing change for the [REDACTED] for Resident #3 as evidenced by the following:</p> <p>Reference: New Jersey Statutes Annotated, Title 45, Chapter 11. Nursing Board. The Nurse Practice Act for the State of New Jersey states: "The practice of nursing as a licensed practical nurse is defined as performing tasks and responsibilities within the framework of casefinding; reinforcing the patient and family teaching program through health teaching, health counseling and provision of supportive and restorative care, under the direction of a registered nurse or licensed or otherwise legally authorized physician or dentist."</p>	F 658	2/13/20	
			<p>F-658</p> <p>1. The dressing for resident #3 [REDACTED] was immediately changed, on 1/8/2020. The nurse who did not change the dressing was counseled.</p> <p>2. All residents have the potential to be affected when dressings are not changed timely. All dressings were checked to ensure dressings had been changed.</p> <p>3. An in-service was done with the nursing staff to check all Treatment records before the end of their shift to ensure no treatments were missed.</p> <p>4. The Unit Managers will check the TAR's daily to ensure no treatments were missed. The DON and ADON will physically check two treatments daily x 60</p>	

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

TITLE

(X6) DATE

Electronically Signed

02/05/2020

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	Continued From page 1  On 1/8/2020 at 10:28 a.m., the surveyor observed Resident #3's [REDACTED]. The [REDACTED] dressing was dated 12/26/19 at 11:00 a.m.  A review of the Medical Record ( MR) for Resident #3 revealed the following:  The resident was admitted to the facility on [REDACTED], with diagnosis which included: [REDACTED]  Review of the Minimum Data Set (MDS), an assessment tool dated [REDACTED], revealed that the resident had a Brief Interview for Mental Status (BIMS) score of [REDACTED].  A review of the Physician Order dated 12/29/2019 revealed a [REDACTED] - change weekly on Wednesdays on the 3 p.m.-11p.m. shift.  A review of the Treatment Record (TR) noted that on 1/1/2020 was left blank.  The surveyor interviewed LPN #2 on 1/8/2020 at 2:30 p.m., the nurse stated the resident's dressing should have been changed on 1/1/2020.	F 658	days to ensure treatments are done. All findings will be reported to the Quality Assurance Meeting x 2 quarters.		
F 755 SS=D	N.J.A.C. 8:39-11.2(b) Pharmacy Srvcs/Procedures/Pharmacist/Records CFR(s): 483.45(a)(b)(1)-(3)  §483.45 Pharmacy Services	F 755		2/13/20	

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F 755	<p>Continued From page 2</p> <p>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.</p> <p>§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.</p> <p>§483.45(b) Service Consultation. The facility must employ or obtain the services of a licensed pharmacist who-</p> <p>§483.45(b)(1) Provides consultation on all aspects of the provision of pharmacy services in the facility.</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: Based on observations, interviews, review of medical records and other pertinent facility documentation, it was determined that the facility failed to maintain the professional standards for nursing practices for the following: A.) administering an expired [REDACTED] (Resident #3) B.) failed to consistently sign on the</p>	F 755	<p>F-755</p> <p>1. The [REDACTED] for resident #3 was immediately taken down and the MD was notified on 1/8/2020. The nurse involved was counseled on not checking the date on the [REDACTED] prior to [REDACTED]. Nurses involved</p>		

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F 755	<p>Continued From page 3</p> <p>Routine Treatment Reord and/or Medication Administration Record that the medications were administered and treatments were provided according to Physician's Orders for Resident #3, Resident #2 and Resident #6 as evidenced by the following:</p> <p>A. During a tour of the [REDACTED] floor on 1/8/2020 at 10:20 a.m., the surveyor observed Resident #3 had [REDACTED] dated 12/26/2019, being active [REDACTED]</p> <p>[REDACTED] At this time, the resident stated to the surveyor that the nurse just started the medication.</p> <p>At 10:39 a.m., the surveyor found the Assistant Director of Nursing (ADON) and brought her to Resident #3's room. The surveyor told her to look at the [REDACTED] being [REDACTED] in to the resident. The ADON observed the date and stopped the [REDACTED] immediately. She went to the nursing station and notified the Medical Doctor (MD) of the expired medication that had been [REDACTED] in the resident. The MD ordered not to re-administer another bag, but give the next dose tomorrow. The resident had only received [REDACTED] of the medication and there was no adverse reaction noted by the nurse.</p> <p>During an interview on 1/8/2020 at 10:55 a.m., the surveyor interviewed LPN #1 who had initiated the [REDACTED] to Resident #3. She stated that she had asked another staff nurse to get the [REDACTED] medication for this resident. The other nurse handed her the medication but she failed to check the expiration date of the medication. LPN#1 stated that it was her responsibility to</p>	F 755	<p>with the gaps in the MAR's/TAR's were counseled.</p> <p>2. All residents have the potential to be affected if medications are given after the expiration date. The medication carts and medication rooms were checked for expired medications. All expired items were properly disposed of.</p> <p>3. An in-service was done with the nursing staff on checking all medications prior to giving the medication that the medication has not expired. An in-service was done as per policy for signing MAR's/TAR's after medications/treatment was done.</p> <p>4. The Unit Manager, nursing supervisors, ADON, and DON will check weekly ongoing and will review the MAR/TAR's daily x 90 days to ensure there are no missing signatures, then will check 3x a week for 90 days and weekly thereafter. All findings will be reviewed at the Quality Assurance meeting x 3 quarters.</p>		

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F 755	<p>Continued From page 4</p> <p>check the expiration date prior to administering it to the resident.</p> <p>The surveyor reviewed the medical record on the same day for Resident #3 and found the Physician Order (PO) dated 12/13/2019 for [REDACTED] daily over 30 minutes.</p> <p>During a phone interview on 1/9/2020 at 1:35 p.m., the Pharmacist indicated that the expiration date is used for the stability of the drug and if the medication is administered after the expiration date it can reduce the effectiveness of the medication.</p> <p>During an interview on 1/10/2020 at 11:58 a.m., with the Regional Director ( RD) and Director of Nursing (DON) both agreed that LPN#1 should have looked at the expiration date prior to administration of the medication to the resident.</p> <p>B.</p> <p>1. A review of the Physician's orders in the Medical Record for Resident #3 revealed the following :</p> <p>A review of the Physician Order dated 12/29/2019 revealed a [REDACTED] dressing- change weekly on Wednesdays on the 3 p.m.-11p.m. shift.</p> <p>A review of the Treatment Record (TR) noted that on 1/1/2020 was left blank</p> <p>[REDACTED]. Apply [REDACTED] and [REDACTED] BID (twice daily) for [REDACTED], dated 12/13/2019.</p> <p>A review of the Treatment Administration Record</p>	F 755			

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F 755	<p>Continued From page 5</p> <p>for Resident #3 ( TAR) revealed [REDACTED] and [REDACTED], on 1/2/2020, 1/4/2020, 1/5/2020, on the 7:00 a.m. to 3:00 p.m. shifts, and 1/1/2020, 1/2/2020, 1/3/2020, 1/4/2020, 1/5/2020 and 1/6/2020, on the 3:00 p.m. to 11:00 p.m. were blank.</p> <p>Apply [REDACTED] to [REDACTED] BID, dated 12/13/2019.</p> <p>A review of the TAR revealed Apply [REDACTED] BID, on 1/2/2020, 1/4/2020 and 1/5/2020 on the 7-3 shift and 1/1/2020, 1/2/2020, 1/3/2020, 1/4/2020, 1/5/2020 and 1/6/2020 on the 3-11 shift were blank.</p> <p>[REDACTED] on [REDACTED] with normal saline. [REDACTED] and cling daily, dated 12/26/2019.</p> <p>A review of the TAR revealed on 1/2/2020, 1/4/2020, and 1/5/2020 on the 7-3 shift were blank.</p> <p>2. A review of the Physician's orders in the Medical Record for Resident #2 revealed [REDACTED] 4 x (times) per day dated 12/4/2019.</p> <p>A review of the [REDACTED] I Protocol Sheet revealed [REDACTED] 4 x (times) per day, on 12/8/2019 and 12/12/2019, at 12:00 a.m., 6:00 a.m., and 12/5/2019 at 12:00 p.m. On 12/6/2019, 12/7/2019, 12/9/2019, 12/10/2019 at 6:00 p.m. were blank.</p> <p>3. A review of Physician's Orders for Resident #6</p>	F 755		

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F 755	<p>Continued From page 6 in the Medical Record dated 1/2020 revealed the following orders:</p> <p>[REDACTED]</p> <p>A review of the Medication Administration Record ( MAR), revealed 1/3/2020 at 9:00 p.m. and 1/5/2020 at 9:00 p.m. were blank.</p> <p>[REDACTED] orally three times daily four times weekly (Non [REDACTED] Days Monday-Wednesday -Friday-Sunday) for Anxiety.</p> <p>A review of the MAR, revealed [REDACTED] Tab [REDACTED] on 1/5/2020 at 1:00 p.m was blank.</p> <p>[REDACTED]</p> <p>A review of the MAR, revealed on 1/3/2020 at 9:00 p.m was blank.</p> <p>[REDACTED]</p> <p>A review of the MAR, revealed on 1/3/2020 at 9:00 p.m. was blank.</p> <p>[REDACTED]</p> <p>A review of MAR revealed on 1/3/2020 at 4:00 a.m. and 1/4/2020 at 4:00 a.m. were blank.</p> <p>[REDACTED] 1 tablet orally daily for</p>	F 755			

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F 755	<p>Continued From page 7</p> <p>██████████</p> <p>A review of the MAR, revealed on 1/3/2020 at 9:00 p.m., 1/6/2020 at 9:00 p.m. and 1/7/2020 at 9:00 p.m. were blank.</p> <p>██████████ 1 tablet orally at bedtime for ██████████.</p> <p>A review of the resident's MAR revealed on 1/3/2020 at 9:00 p.m. and 1/7/2020 at 9:00 p.m. were blank.</p> <p>██████████.</p> <p>A review of the MAR revealed on 1/3/2020 at 9:00 p.m. and 1/7/2020 at 9:00 p.m. were blank.</p> <p>██████████ Tabs, 1 tablet orally daily with snack for ██████████.</p> <p>A review of the MAR revealed on 1/3/2020 at 9:00 p.m. and 1/7/2020 at 9:00 p.m. were blank.</p> <p>██████████ four times daily at 6:30 a.m., 11:30 a.m., 4:30p.m., 9:00 p.m. on ██████████ days (Mon, Wed., Fri., Sun) w/ (with) ██████████</p> <p>██████████</p> <p>A review of the MAR, revealed on the following dates and times: 1/3/2020 at 6:30 a.m. and at 9:00 p.m.; on 1/5/2020 at 6:30 a.m., 11:30 a.m., 4:30 p.m. and 9:00 p.m.; 1/6/2020 at 6:30 a.m. and 9:00 p.m. were blank.</p>	F 755			



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F 755	Continued From page 8 [REDACTED] four times daily at 4:30 a.m., 11:30 a.m., 4:30 p.m. & (and) 9:00 p.m. on [REDACTED] days (Tues., Thurs., Sun.) w/ (with) [REDACTED]  A review of the MAR, revealed on the following dates and times: 1/2/2020 at 6:30 a.m.; on 1/5/2020 at 6:30 a.m. and 4:30 p.m.; on 1/7/2020 at 6:30 a.m. were blank.  During an interview with the Regional Director on 1/8/2020 at 2:25 p.m., the indicated that there should never be blanks on the MAR/TAR.  Review of the facility policy titled, "Administering Medications", dated 8/26/2019, under Policy and Implementation "...#19. The individual administering the medication must initial the resident's MAR on the appropriate line after giving each medication  N.J.A.C:8:39-29.1(e)	F 755			
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	F 761		2/13/20	

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F 761	<p>Continued From page 9</p> <p>§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.</p> <p>§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.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation and interview, it was determined that the facility failed to ensure that medications were not stored beyond their used by dates for 1 of 7 sampled residents (Resident #3) reviewed for medication storage. This deficient practice was evidenced by the following:</p> <p>During an observation of the medication room on 1/8/2020 at 10:40 a.m., with the Assistant Director of Nursing (ADON), the surveyor observed 5 expired [REDACTED] in the refrigerator with the following used by dates: 12/22/19, 12/26/2019, 12/28/2019 and 1/5/2020 there were [REDACTED] with this date. The ADON removed the bags of outdated [REDACTED].</p> <p>During an interview on 1/10/2020 at 11:58 a.m., the Regional Director (RD) in the presence of the Director of Nursing (DON), the RD stated that the UM, DON and ADON are responsible for doing rounds to ensure medications are not expired.</p>	F 761	<p>F-761</p> <ol style="list-style-type: none"> <li>The expired medications were sent back to the pharmacy on 1/8/2020.</li> <li>All residents have the potential to be affected when medications are expired in the medication storage room. A review of all medication storage rooms/medication carts was done to ensure there were no other expired medications.</li> <li>The Unit Managers, ADON, and DON were re-in-serviced on checking for expired medications.</li> <li>The Unit Managers, ADON, DON will check for expired medications daily x 90 days then 3x a week for 90 days and then ongoing. All findings will be reviewed at the Quality Assurance Meeting x 3 quarters.</li> </ol>		

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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	
F 761	Continued From page 10 Review of the facility's policy titled "Storage of Medications" revised 8/14/2019, included under Policy Interpretation and Implementation" 4. The facility shall not use discontinued, outdated, or deteriorated drugs or biologicals. All such drugs shall be returned to the dispensing pharmacy or destroyed. 8. Drugs should be stored in an orderly manner in cabinets, drawers, carts, or automatic dispensing systems. Each resident's medications shall be assigned to an individual cubicle, drawer, or other holding area to prevent the possibility of mixing medications of several residents.	F 761			
F 867 SS=D	N.J.A.C. 8:39-29.4(a)(h) QAPI/QAA Improvement Activities CFR(s): 483.75(g)(2)(ii)  §483.75(g) Quality assessment and assurance.  §483.75(g)(2) The quality assessment and assurance committee must: (ii) Develop and implement appropriate plans of action to correct identified quality deficiencies; This REQUIREMENT is not met as evidenced by: Based on observation, interview and review of the pharmacy consultant monthly nursing station reviews for the [redacted] floor, the facility failed to ensure the Quality Assessment and Performance Improvement ( QAPI ) committee developed improvement activities based on the reviews that were submitted for the last 3 months during 2019 as evidenced by the following:  On 1/10/2020, at 1 pm, the surveyor requested to the Director of Nursing ( DON), the last 3	F 867	F-867  1. The October, November and December Pharmacy consultant reports were reviewed and done on 1/11/2020. The expired medications were returned to the pharmacy on 1/8/2020 An Action Plan was developed for expired medications found in the refrigerator.  2. All residents have the potential to be	2/13/20	

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F 867	<p>Continued From page 11</p> <p>months of Pharmacy consult reviews that are done in the facility and the QAPI Plan. The administrative staff provided the monthly nursing station reviews for October 4, 2019, November 9, 2019 and December 11, 2019. A review of the October, November and December █ Floor monthly reviewed revealed the following: In October and December there were 5 bags of █, were found expired and discontinued in the refrigerator.</p> <p>On 1/8/2020 at 10:20 a.m., during a a tour on the █ Floor nursing unit, the surveyor observed the resident receiving █ medication with an expiration date of 12/26/2019. An inspection of the █ floor refrigerator, in the presence of facility staff, the surveyor observed that there were 5 █ of █ that had expired and were available for active use.</p> <p>On 1/10/2020 at 3 p.m., the Regional Director and DON could not provide documented evidence that the the Quality Assurance Committee had developed an action plan for expired medications found in the refrigerator. Also, the facility's QAPI Plan was not provided to the surveyor for review at this time. The facility failed to develop a QAPI action plan for expired medications that were found left in the refrigerator.</p> <p>NJAC 8:39-33.1; 33.2</p>	F 867	<p>affected when pharmacy recommendations are not followed. All medication storage areas/carts were checked for expired medications on 1/8/2020 to ensure that no other medications were expired.</p> <p>3. An in-service was done with the Unit Managers, ADON, and DON on reviewing the pharmacy consultant reports on 1/11/2020 checking for expired medications and developing an Action Plan on 1/11/2020.</p> <p>4. The Unit Managers, ADON, DON will check for expired medications daily x 90 days then 3x a week for 90 days and then ongoing. The Unit Managers and DON will review the pharmacy consultant reports as per policy. All findings will be reviewed at the Quality Assurance Meeting x 3 quarters.</p>		