

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

PRINTED: 10/05/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315320	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 05/11/2021
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NAME OF PROVIDER OR SUPPLIER COMPLETE CARE AT HOLIDAY CITY	STREET ADDRESS, CITY, STATE, ZIP CODE 4 PLAZA DRIVE TOMS RIVER, NJ 08757
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F 000	<p>INITIAL COMMENTS</p> <p>Survey Date: 5/11/21</p> <p>Census: 115</p> <p>Sample: 34+3</p> <p>A Recertification Survey was conducted to determine compliance with 42 CFR Part 483, Requirements for Long Term Care Facilities. Deficiencies were cited for this survey.</p> <p>Complaint #NJ00144405</p> <p>Census: 115</p> <p>Sample Size: 34</p> <p>THE FACILITY IS IN COMPLIANCE WITH THE REQUIREMENTS OF 42 CFR PART 483, SUBPART B, FOR LONG TERM CARE FACILITIES, BASED ON THIS COMPLAINT VISIT.</p>	F 000		
F 658 SS=D	<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: Based on observation, interview, and record review, it was determined that the facility failed to follow professional standards of clinical practice with respect to administering medication, in accordance with a physician's prescribed pain level parameters for [REDACTED] (a medication to</p>	F 658	<p>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the Provider of the truth of the facts alleged or conclusion set forth in the Statement of Deficiencies. This plan of correction is</p>	6/11/21

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 05/26/2021
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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 658	<p>Continued From page 1</p> <p>trea [REDACTED]) for 1 of 2 residents reviewed for [REDACTED]; Resident #3.</p> <p>This deficient practice was 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 case finding; 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> <p>On 5/05/21 at 11:29 PM, the surveyor interviewed Resident #3, lying in bed with a blanket pulled up to their chin. The resident stated they had [REDACTED] in their [REDACTED] for the last few months, that it was severe and that [REDACTED] helped to [REDACTED] [REDACTED]</p> <p>On 05/05/21 at 12:14 PM, the surveyor spoke with Resident #3's primary Licensed Practical Nurse (LPN), who stated the resident was alert and oriented to person, place, and time. The LPN said that the resident has complained about [REDACTED] and is currently on a [REDACTED] management regimen with [REDACTED]. The [REDACTED] seems to help the resident after [REDACTED] minutes, and they will report the medication was effective.</p> <p>On 5/06/21 at 12:42 PM, the surveyor reviewed the Admission Record of Resident #3, which revealed they were admitted to the facility in [REDACTED] with diagnoses not limited to [REDACTED]</p>	F 658	<p>prepared and/or executed because they require it.</p> <p>Complete Care at Holiday City-F658 Services Provided Meet Professional Standards</p> <p>1.Residents affected by deficient practice:</p> <p>Residents #3 was administered medication Percocet when reported [REDACTED] level was below the prescribed parameter for [REDACTED] of 6-10. All Licensed staff was educated by the DON prior to survey exit on the facility policy and procedure on Documentation of Medication Administration, [REDACTED] Assessment and [REDACTED] Clinical Protocol.</p> <p>2.Identifying other Residents who could be affected by the deficient practice: All residents have the potential to be affected from this practice.</p> <p>3.Measures or systemic changes to ensure that the deficiencies will not recur:</p> <p>All Licensed staff educated by DON/Infection Control Preventionist/Designee on the facility policy and procedure on Documentation of Medication Administration, [REDACTED] Assessment and [REDACTED] Clinical Protocol</p> <p>4.Monitoring the continued effectiveness of the systemic change:</p> <p>The DON/Infection Control</p>		

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F 658	<p>Continued From page 3</p> <p>that their [REDACTED] was currently a [REDACTED] out of [REDACTED] scale. The resident also said, at times, they get a [REDACTED], and it can be hard to stop the [REDACTED]. Resident #3 was assessed and medicated with [REDACTED] per the physician's orders and was noted as effective.</p> <p>On 5/10/21 at 11:40 AM, the DON provided the surveyor with a copy of a policy entitled "Documentation of Medication Administration," updated 10/2019. A review of the policy revealed:</p> <ol style="list-style-type: none"> 1. A Nurse or Certified Medication Aide (where applicable) shall document all medications administered to each resident on the resident's medication administration record (MAR). 2. Administration of medication must be documented immediately after (never before) it is given. <p>During this same time, the DON provided the surveyor with a copy of a facility policy entitled [REDACTED]-Clinical Protocol," updated 10/2019. A review of the policy revealed:</p> <ol style="list-style-type: none"> 3. The staff and physician will identify the characteristics of [REDACTED], such as location, intensity, frequency, pattern, and severity. <ol style="list-style-type: none"> a. Staff will use a consistent approach and a standardized [REDACTED] assessment instrument appropriate to the resident's cognitive level. <p>On 5/11/21 at 11:30 AM, the survey team met with the Director of Nursing (DON), the Licensed Nursing Home Administrator (LNHA), and the Assistant Licensed Practical Nurse (ALPN). Upon review of Resident #3's [REDACTED] electronic Medication Administration Record</p>	F 658			

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F 658	Continued From page 4 (eMAR), the DON stated the [REDACTED] scale was reported below the date, the box that followed contained a checkmark to indicate the medication was given, the initials of the nurse administering the medications were below the checkmark, followed by the time the medication was given, and an "E" to indicate the medication was effective. After a review of the resident's order for Percocet, the (DON) stated that the [REDACTED] should only be given if the resident reports a [REDACTED] level of [REDACTED]. The resident should not have received the [REDACTED] on the acknowledged days, where the [REDACTED] score reported was less than six. The DON acknowledged there were 14 times in April and 12 times in March where the resident received [REDACTED] outside the parameters outlined in the physician's order.	F 658			
F 755 SS=D	NJAC 8:39-11.2(b) Pharmacy Srvcs/Procedures/Pharmacist/Records CFR(s): 483.45(a)(b)(1)-(3) §483.45 Pharmacy Services 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. §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. §483.45(b) Service Consultation. The facility must employ or obtain the services of a licensed pharmacist who-	F 755		6/11/21	

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F 755	Continued From page 5 §483.45(b)(1) Provides consultation on all aspects of the provision of pharmacy services in the facility. §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 §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 observation, interview, and record review, it was determined the facility staff failed to accurately document the administration of a controlled substance medication for two residents, Resident #82 and Resident #75. This deficient practice was identified for 1 of 3 nurses and 1 of 3 carts, reviewed during the completion of the Medication Storage and Labeling task, and evidenced by the following: On 5/05/21 at 9:00 AM, the surveyor, in the Licensed Practical Nurse (LPN) presence, inspected the low side medication cart on [REDACTED] Unit. A review of the reconciliation of the medications located in the secured and locked controlled substance box compared to the controlled substance declining inventory sheet revealed Resident #82's [REDACTED] milligrams (mg) tablets, a medication used for [REDACTED], did not match. [REDACTED] is classified as a Schedule IV controlled substance by the Drug Enforcement Agency (DEA). A Schedule IV drug, substance, or chemical is defined as a drug with a low potential for abuse and low risk of dependence, whose use	F 755	Preparation and/or execution of this plan of correction does not constitute admission or agreement by the Provider of the truth of the facts alleged or conclusion set forth in the Statement of Deficiencies. This plan of correction is prepared and/or executed because they require it. Complete Care at Holiday City-F755 Pharmacy Services/Procedures/Pharmacist/Records 1.Residents affected by deficient practice : The deficient practice was identified that the facility failed to accurately document the administration of a controlled substance medications for residents # 82 and #75. All Licensed staff was educated by the DON prior to survey exit on the facility policy and procedure on Documentation of Medication Administration.		

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F 755	<p>Continued From page 6</p> <p>is restricted and accounted for closely. Resident #82's [REDACTED] blister pack contained #12 tablets, and the declining inventory sheet indicated there should be #13 tablets remaining. The LPN stated he gave the resident their dose earlier that morning and said he should have signed the medication off on the declining inventory sheet, as administered, immediately after the medication was given.</p> <p>On continued inspection of the low side medication cart on the [REDACTED] unit, in the presence of the same LPN, a review of Resident #75's [REDACTED] mg tablets count, a medication used for [REDACTED], did not match the declining inventory sheet count. [REDACTED] is also classified as a Schedule IV controlled substance by the DEA. Resident #75's [REDACTED] blister pack contained # [REDACTED] tablets, and the declining inventory sheet indicated there were #17 remaining. The LPN again stated he administered the dose to the resident earlier that morning. Again, he acknowledged he should have signed the medication off on the declining inventory sheet, as administered, immediately after the medication was given.</p> <p>At 9:14 AM, the surveyor interviewed the Applewood LPN Unit Manager (LPN/UM), who stated the process for administering a controlled substance medication was to sign the declining inventory sheet after you have given the medication as soon as you are done. The LPN/UM further stated the LPN should have given the medication and immediately signed the declining inventory sheet in the controlled substance book. The reason the medications should be signed for immediately was to keep track of the medication given, as well as keep the medication counts correct.</p>	F 755	<p>2. Identifying other Residents who could be affected by the deficient practice: All residents residing in the facility have the potential to be affected by this practice.</p> <p>3. Measures or systemic changes to ensure that the deficiencies will not recur:</p> <p>All Licensed staff educated by DON/Infection Control Preventionist/Designee on the facility policy and procedure on Documentation of Medication Administration.</p> <p>4. Monitoring the continued effectiveness of the systemic change:</p> <p>The DON/Infection Control Preventionist/Designee will conduct random audits of all licensed staff on Medication Pass and the removal of a controlled substances procedure, Documentation of Medication Administration, Weekly X 4 weeks then monthly x 3 months. Results of audit will be reviewed at the Monthly Quality Assurance Meeting and Quarterly over the duration of the audit process.</p>		

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F 755	Continued From page 7 On 5/06/21, the survey team met with the facility Director of Nursing (DON), the Licensed Nursing Home Administrator (LNHA), and the Corporate Regional Nurse. The DON stated that the controlled substance administration process should be as follows: when a controlled substance was administered, the nurse would pop the pill from the packaging and sign for the dose on the declining inventory sheet. The nurse should administer the medication and then return and sign off for the medication on the electronic medication administration record (eMAR). The DON further stated that the LPN should have followed the procedure and signed off on the medication on the declining inventory sheet. On 5/10/21, The DON provided the surveyor with a copy of a policy entitled "Documentation of Medication Administration," updated 10/2019. A review of the policy revealed the following: 1. A Nurse or Certified Medication Aide (where applicable) shall document all medications administered to each resident on the resident's medication administration record (MAR). 2. Administration of medication must be documented immediately after (never before) it is given.	F 755			
F 880 SS=D	NJAC 8:39-29.7(c) Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f) §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable	F 880		6/11/21	

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F 880	<p>Continued From page 8 diseases and infections.</p> <p>§483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements:</p> <p>§483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards;</p> <p>§483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to:</p> <p>(i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility;</p> <p>(ii) When and to whom possible incidents of communicable disease or infections should be reported;</p> <p>(iii) Standard and transmission-based precautions to be followed to prevent spread of infections;</p> <p>(iv) When and how isolation should be used for a resident; including but not limited to:</p> <p>(A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and</p> <p>(B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.</p> <p>(v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct</p>	F 880			

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F 880	<p>Continued From page 9</p> <p>contact with residents or their food, if direct contact will transmit the disease; and</p> <p>(vi)The hand hygiene procedures to be followed by staff involved in direct resident contact.</p> <p>§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.</p> <p>§483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.</p> <p>§483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and review of pertinent facility paperwork, the facility failed to follow proper infection control procedures by not cleaning reusable medical equipment by 1 of 2 nurses observed during the medication pass task.</p> <p>This deficient practice was evidenced by the following:</p> <p>On 5/5/21, beginning at 7:51 AM, the surveyor observed the medication pass on the Jefferson Unit. A Licensed Practical Nurse (LPN) took the vital signs (blood pressure (BP), heart rate, temperature, and pulse oximetry) of Resident #35. After removing the BP cuff from the resident's arm, the LPN returned the BP cuff to the basket on the rolling stand without cleaning and disinfecting it. The LPN retrieved disinfecting wipes from her medication cart and cleaned the pulse oximetry device but did not clean the BP cuff. The LPN then prepared and administered</p>	F 880	<p>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the Provider of the truth of the facts alleged or conclusion set forth in the Statement of Deficiencies. This plan of correction is prepared and/or executed because they require it.</p> <p>Complete Care at Holiday City -F880 Infection Prevention and Control</p> <p>Residents affected by deficient practice:</p> <p>Residents #35; #71; #103; #32 had Blood Pressure assessments completed without cleaning or disinfecting the blood pressure cuff in between residents. The LPN was educated by the DON prior to survey exit on the facility policy and procedure on proper Cleaning and Disinfecting</p>		

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F 880	<p>Continued From page 10</p> <p>the medications to Resident #35. After washing her hands, the LPN returned to the medication cart.</p> <p>The LPN then took the vital signs of Resident #71 with the same BP cuff. After removing the BP cuff from the Residents arm, the LPN returned the cuff to the basket on the rolling stand without cleaning and disinfecting it. The LPN then prepared and administered medications to Resident #71. After conducting hand hygiene, the LPN returned to the medication cart.</p> <p>The LPN then took the BP of Resident #103 with the same BP cuff. After removing the BP cuff from the resident's arm, the LPN returned the cuff to the basket on the rolling stand without cleaning and disinfecting it. After conducting hand hygiene, the LPN administered medications to Resident #103.</p> <p>The LPN then administered medications to Resident #32. After completing hand hygiene, the LPN returned to the medication cart.</p> <p>The surveyor inquired as to when the BP cuff should be cleaned. The LPN stated that the BP cuff should be cleaned and disinfected between residents. The LPN then cleaned the BP cuff and tubing with a disinfectant germicidal wipe that she kept on her medication cart.</p> <p>On 5/6/21 at 12:56 PM, the surveyor interviewed the Infection Preventionist, who confirmed that equipment should be cleaned and sanitized between residents and that included BP cuffs.</p> <p>At 3:08 PM, the Director of Nursing (DON) confirmed that the BP cuff should have been cleaned between residents.</p>	F 880	<p>Non-critical reusable resident care items and Infection Control policy and procedure. No negative outcome was identified by the alleged deficient practice.</p> <p>Identifying other Residents who could be affected by the deficient practice: All residents residing at the facility</p> <p>Measures or systemic changes to ensure that the deficiencies will not recur:</p> <p>All staff educated by Director Of Nursing/Infection Control Preventionist/Designee on Policy and Procedure on Cleaning and Disinfecting Non-critical reusable resident care items and facility policy and procedure on Infection Control. Root cause analysis was completed and it was found that the staff member was non-compliant with facility policy and procedures despite continuous education and competencies. Staff member was interviewed regarding deficient practice and could not explain why procedure was not followed.</p> <p>1) DPOC to include: Module 1 of the Infection Prevention & Control Program. Completed by TOPLINE STAFF (MANAGERS, NURSES, INFECTION PREVENTIONIST</p> <p>a. https://www.train.org/main/course/10812501/</p> <p>2) The is the Keeping COVID-19 out Video, completed by all front-line staff , Nurses, and Aides.</p> <p>a. https://youtu.be/7srwrF9MGdw</p>		

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F 880	Continued From page 11 The surveyor then reviewed the facility policy and procedure titled, Cleaning and Disinfecting Non-Critical Resident-Care Items, last reviewed/revised 1/2020, which defined Non-critical items as those items that come in contact with skin but not mucus membranes. (1) Non-critical resident-care items include bedpans, blood pressure cuffs, crutches, and computers. (2) Most non-critical reusable items can be decontaminated where they are used (as opposed to being transported to a central processing location). Under Stethoscope/Blood Pressure Cuff: 1. Examine Stethoscope/Blood Pressure cuff for damages. Report damaged equipment to your supervisor. 2. Select facility-approved low-level disinfectant (e.g., ethyl or isopropyl alcohol). 3. Applying firm pressure in a circular motion, use disinfectant and wipes to clean stethoscope earpiece, tubing, diaphragm, and bell. 4. Applying firm pressure in a circular motion, use disinfectant and wipes to clean blood pressure cuff and tubing. 5. Remove gloves and discard them into the designated container. Wash and dry hands thoroughly. 6. Return the stethoscope to its designated storage area. 7. Return the blood pressure cuff to its designated storage area. 8. Discard disposable equipment and supplies in designated containers. 9. Clean and disinfect the surface area used to clean the stethoscope and or blood pressure cuff. 10. Wash and dry your hands thoroughly.	F 880	3) Module 11A Reprocessing Resident Care Equipment <input type="checkbox"/> Complete by ALL STAFF https://www.train.org/main/course/1081814 Monitoring the continued effectiveness of the systemic change: The Director Of Nursing/Infection Control Preventionist/Designee will conduct random audits of all staff entering rooms that provide Blood Pressure Assessment with proper cleaning and disinfecting of non-critical reusable resident items weekly X 4 weeks then monthly x 3 months. Results of audit will be reviewed at the Monthly Quality Assurance Meeting and Quarterly over the duration of the audit process. Completion Date: June 11, 2021		

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

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FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315320	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 05/11/2021
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F 880	Continued From page 12 N.J.A.C. 8:39 - 19.4 (a)	F 880			