

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

PRINTED: 02/10/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315104	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 12/12/2019
NAME OF PROVIDER OR SUPPLIER CORNELL HALL CARE & REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 234 CHESTNUT STREET UNION, NJ 07083		
(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: 12/12/19 CENSUS: 138 SAMPLE SIZE: 30 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 625 SS=B	Notice of Bed Hold Policy Before/Upon Trnsfr CFR(s): 483.15(d)(1)(2) §483.15(d) Notice of bed-hold policy and return- §483.15(d)(1) Notice before transfer. Before a nursing facility transfers a resident to a hospital or the resident goes on therapeutic leave, the nursing facility must provide written information to the resident or resident representative that specifies- (i) The duration of the state bed-hold policy, if any, during which the resident is permitted to return and resume residence in the nursing facility; (ii) The reserve bed payment policy in the state plan, under § 447.40 of this chapter, if any; (iii) The nursing facility's policies regarding bed-hold periods, which must be consistent with paragraph (e)(1) of this section, permitting a resident to return; and (iv) The information specified in paragraph (e)(1) of this section. §483.15(d)(2) Bed-hold notice upon transfer. At the time of transfer of a resident for hospitalization or therapeutic leave, a nursing facility must provide to the resident and the	F 625		1/31/20	

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

TITLE

(X6) DATE

Electronically Signed

12/27/2019

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 625	<p>Continued From page 1</p> <p>resident representative written notice which specifies the duration of the bed-hold policy described in paragraph (d)(1) of this section. This REQUIREMENT is not met as evidenced by:</p> <p>Based on interview, review of the medical record and other facility documentation, it was determined that the facility failed to provide the resident or resident representative written notification of the facility's bed hold policy before a transfer to the hospital for 1 of 2 resident's (Resident #40) reviewed for hospitalizations.</p> <p>This deficient practice was evidenced as follows:</p> <p>On 12/10/19 at 1:00 PM, the surveyor reviewed the record for Resident #40. The New Jersey Universal Transfer Form (NJUTF) revealed the resident was transferred to the hospital on [REDACTED] for a [REDACTED]. There was no record in the chart that the resident or resident representative was provided with written notification of the facility's bed hold policy upon transfer. The surveyor then reviewed a second NJUTF, which indicated that the resident was re-admitted to the facility from the hospital on [REDACTED].</p> <p>On 12/10/19 at 1:58 PM, the surveyor asked the Administrator how the facility notified the residents and their representatives of the bed hold policy when a resident was transferred to the hospital. The Administrator stated that the admission agreement would explain that, and further noted, that most people knew that their family members could return. The Administrator</p>	F 625	<ol style="list-style-type: none"> 1. Bed Hold Notice Upon Transfer Policy and Procedure was immediately reviewed for Resident #40 and all residents. 2. All Residents transferred for hospitalization and/or therapeutic leave have the potential to be affected. 3. All departments were educated on the Bed Hold Upon Transfer Policy and Procedure which requires the facility to provide written notice addressing the duration of the Bed Hold Policy as well as explanation of returning to the facility. 4. (a) Administrator and/or Designee will audit all hospitalization transfers and /or therapeutic leave residents to ensure the written notification procedure is being adhered to according to regulation and company policy and procedure. The audits will be conducted weekly for 3 weeks, monthly for 2 months and quarterly ongoing as part of QAPI. (b) The results of these audits will be submitted to the quarterly Quality Assurance and Performance Improvement Committee QAPI for review to determine if further action to the plan is needed. 		

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F 625	<p>Continued From page 2</p> <p>also added that the Admissions department usually called the family at some point during the resident's hospitalization, or the hospital would call the facility to ask if they were going to take the resident back when the resident was discharged from the hospital.</p> <p>On 12/11/19 at 9:38 AM, the surveyor spoke with the Admissions Coordinator (AC) and asked how the facility notified a resident of the facility's bed hold policy when a resident was transferred to the hospital. The AC stated, "We keep the beds held for Medicaid patients for ten days, Private pay, all of our acute's (resident's that receive short-term treatment) we accept, so we keep the bed open for them." The surveyor asked again how the facility notified the family or resident of the facility's bed hold policy? The AC stated, "It's in the admission agreement, and some of our family's do call and ask us to hold the bed." The surveyor asked the AC if the bed hold policy was re-issued to the resident or resident representative if the resident was transferred to the hospital. The AC stated, "No." The surveyor asked the AC to confirm that the written notification of the bed hold policy was only provided to the resident or resident representative on admission. The AC stated, "Yes."</p> <p>On 12/12/19 at 12:00 PM, the surveyor reviewed the facility's policy and procedure titled, Bed Hold Notice Upon Transfer, under Policy it read:</p> <p>At the time of transfer for hospitalization or therapeutic leave, the facility will provide to the resident and/or the resident representative written notice which specifies the duration of the bed-hold policy and addresses information explaining the return of the resident to the next</p>	F 625			

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F 625	Continued From page 3 available bed, and under Bed Hold Notice Upon Transfer it read: 1. Before a resident is transferred to the hospital or goes on therapeutic leave, the facility will provide to the resident and/or the resident representative written information that specifies: a. The duration of the state bed hold policy, if any, during which the resident is permitted to return and resume residence in the nursing facility; b. The reserve bed payment policy in the state plan policy, if any; c. The facility policies regarding bed-hold periods to include allowing a resident to return to the next available bed. d. Conditions upon which the resident would return to the facility; - The resident requires the services which the facility provides; - The resident is eligible for Medicare skilled nursing facility services or Medicaid nursing facility services. 2. In the event of an emergency transfer of a resident, the facility will provide within 24 hours written notice of the facility's bed-hold policies, as stipulated in the State's plan. The above identified policy had an original date of 11/2017, and a revision date of 12/2019.	F 625			
F 755 SS=E	N.J.A.C. 8:39-5.1 (a) Pharmacy Srvc/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	F 755		1/31/20	

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F 755	<p>Continued From page 4</p> <p>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 observation, interview, and review of facility documents, it was determined that the facility failed to ensure that the reconciliation Count Record for Controlled Drugs was accurately completed for 4 of 7 Medication Carts inspected.</p> <p>This deficient practice was evidenced by the following:</p>	F 755	<p>1. (a) All controlled substances were immediately counted, reconciled and initialed on all Resident Narcotic accountability Logs located on all medication carts.</p> <p>(b) LPN#1,2,3, & 4 were all provided 1:1 and in-service on the Controlled Substance Policy on accounting procedure, reviewing of bingo cards</p>	

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F 755	<p>Continued From page 5</p> <p>1. On 12/6/19 at 9:20 AM, the surveyor reviewed the Controlled Drug Administration Record (CDAR) Count Sheet for the [REDACTED] Unit [REDACTED] side Med Cart, which was used to provide medications for residents in room's 76 through 92. The surveyor observed that the Licensed Practical Nurse (LPN) #1 had signed her name in the outgoing nurse column and row labeled 3p (3:00 PM). When asked by the surveyor if signing the sheet before the end of her shift without counting the narcotics or in the presence of the oncoming nurse was proper procedure, she stated, "No."</p> <p>LPN #1 stated that she had made a mistake and signed in the wrong spot. The surveyor asked LPN #1 what the process was when an error is identified. LPN #1 stated that she should have crossed her name out, initialed it, and signed her name later when she completed the count at the end of her shift.</p> <p>2. On 12/6/19 at 9:35 AM, the surveyor reviewed the facility form titled, CDAR Count Sheet for December 2019 on the [REDACTED] Unit [REDACTED] side. The surveyor then confirmed the signatures on the form with LPN #2, who stated that it was usually two people that would sign the form after the count was completed. LPN #2 also confirmed that the outgoing nurse had not signed the form for the controlled drug count on 12/6/19 at 7 AM. The surveyor also identified that the signature of a second nurse was missing on the controlled drug administration record count sheet for December 2019 on the following days:</p> <p>12/1/19 outgoing nurse 7a 12/1/19 outgoing nurse 3p</p>	F 755	<p>against corresponding CDAR, and verifying.</p> <p>2. All residents have the potential to be affected.</p> <p>3. (a) All Licensed Nursing Staff were immediately re-educated by ADON and Pharmacy Consultant related to the importance of the reconciliation of all narcotic and controlled substances at each shift change. (b) Resident Narcotic Accountability Logs will be reviewed for adherence to the companies Controlled Substance policy and Accounting Procedure.</p> <p>4. (a) The Director of Nursing and/or Designee will audit all resident Narcotic accountability Logs to ensure adherence to the Controlled Substance Policy. The audit will be conducted daily for 2 weeks, weekly for 4 weeks and then monthly for 2 months. (b) The results of these audits will be submitted to the Administrator and Quarterly Quality Assurance and Performance (QAPI) committee for review to determine further action to the plan is needed or recommended.</p>		

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F 755	<p>Continued From page 6 12/4/19 outgoing nurse 3p</p> <p>The surveyor then confirmed the narcotic count with LPN #2, and there were no discrepancies identified.</p> <p>3. On 12/6/19 at 9:49 AM, the surveyor reviewed the CDAR count sheet on the [REDACTED] Unit [REDACTED] side Medication Cart with LPN #3 after she retrieved the Declining Inventory binder from the medication cart. The surveyor observed that the same initial was present for the oncoming nurse at 7a (7:00 AM) and outgoing nurse at 3p (3:00 PM) for 12/6/19. LPN #3 confirmed that they were her initials and stated that the outgoing and incoming nurses check the cart together and then sign off on the sheet. LPN #3 added that the count was done at the beginning and the end of each shift. When the surveyor interviewed LPN #3 as to why her initials were present in the outgoing nurse column for 3p when the narcotic count had not been completed, she stated that she thought she was supposed to sign on that line. The surveyor then confirmed the count with LPN #3, and there were no discrepancies identified.</p> <p>4. On 12/6/19 at 9:36 AM, the surveyor reviewed the CDAR Count Sheet on the [REDACTED] Unit [REDACTED] side Cart with LPN #4. The column under 12/6/19 at 7a had the signature of the oncoming nurse (LPN #4). However, the column under the outgoing nurse had no signature. The surveyor asked LPN #4, who she counted the controlled substances with that morning. LPN #4 stated that she counted with the 11 PM to 7 AM nurse that morning. The surveyor and LPN #4 then counted the controlled substances, and no discrepancies were identified.</p>	F 755			

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F 755	<p>Continued From page 7</p> <p>On 12/11/19 at 1:06 PM, the surveyor presented the information related to the CDAR count sheet being signed off before the end of the shift and also that the second nurse's signature was missing from the CDAR count sheets to the Administrator and Director of Nursing (DON). The DON stated that two nurses were responsible for the count of the narcotics and that they both had to sign the count sheet. The DON also stated that the count sheet should not be pre-signed by a nurse before the controlled substance count.</p> <p>On 12/12/19 at 12:15 AM, the DON confirmed that together, the out going and on coming nurse should both complete the narcotic count and sign the Narcotic Administration Record Count Sheet at the end of each shift.</p> <p>On the same day at 12:20 PM, the surveyor reviewed the undated facility policy titled, Controlled Substance Policy which revealed under Accounting Procedure, number 2 read:</p> <p>All controlled substances are counted at the change of each shift, or when the Narcotic Key is given to another nurse, and number 3 read:</p> <p>Each individual bingo card is reviewed against the corresponding CDAR. The number of doses present is counted by the outgoing nurse and the incoming nurse for the overlapping shift, or when there is a changeover of duties from one nurse to another, and number 5 read:</p> <p>After the individual bingo cards and CDAR's are verified, the incoming and outgoing nurses will affix their legible signatures on the Resident Narcotic Accountability Log located at the front of</p>	F 755			

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F 755	Continued From page 8 the Declining Inventory binder in the medication carts.	F 755			
F 761 SS=D	N.J.A.C. 8:39-29.7 (c) 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. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and review of facility policies, it was determined that the facility failed to properly label and date medications. This deficient practice was identified for 2 of 4	F 761		1/31/20	
			1. (a) All [REDACTED] improperly labeled and dated by LPN were disposed of and new [REDACTED] were reordered from the pharmacy.		

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F 761	<p>Continued From page 9</p> <p>medication carts inspected, and was evidenced by the following:</p> <p>On 12/9/19 at 12:12 PM, the surveyor inspected the low side medication cart on the [REDACTED] Unit with the Licensed Practical Nurse (LPN) assigned to that cart. Inside of that cart was a [REDACTED] in an unlabeled clear plastic zip-lock bag. A resident's first and last name was written on the outside of the bag with a black marker. There was a sticker with an open date of 12/6/19 and cautionary labels on the outside of the bag, but there was no pharmacy label with the name of the medication or a resident's name. The [REDACTED] inside of the bag also did not have a pharmacy label on it or a resident's name. The LPN confirmed it was not labeled appropriately. The surveyor asked the LPN if they should have been using unlabeled [REDACTED]. He stated, "No." Further inspection of the medication cart found a second [REDACTED] inside of a clear plastic zip-lock bag. The bag and the [REDACTED] both had a second resident's name written on them in black marker.</p> <p>On the same day at 12:38 PM, the surveyor inspected the [REDACTED] side medication cart on the [REDACTED] Unit with the LPN assigned to that cart. Inside the cart, there was a [REDACTED] [REDACTED] dated 11/19. The date written on the outside of the bag that contained the [REDACTED] was 11/12/19. The surveyor asked the LPN if she knew what 11/19 meant, and she stated that the date on the bag was correct, and the date on the pen meant November of 2019. The surveyor asked her if it was the facility's</p>	F 761	<p>(b) Both LPN(s) were provided with 1:1 on Facility Policy and Procedure for Labeling of Medication Containers.</p> <p>2. All Residents receiving [REDACTED] have the potential to be affected.</p> <p>3. (a) All licensed nursing staff received re-education by the ADON on proper labeling, dating and storing of [REDACTED] in the medication carts. (b) Licensed nursing staff were educated on all necessary information needed for all drug container as per the company's policy.</p> <p>4. (a) The Director of Nursing and/or Designee will audit all resident's [REDACTED] packaging to ensure all necessary information and dates are present and correct in accordance to the company's policy. The audit will be conducted weekly for 4 weeks, monthly for 3 months than quarter ongoing. (b) The results of these audits will be submitted to the quarterly Quality Assurance and Performance Improvement (QAPI) committee for review to determine if further action to the plan is needed or recommended.</p>		

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F 761	<p>Continued From page 10</p> <p>policy to date the pen or the bag that contained the [REDACTED]. The LPN stated that she would date both the [REDACTED] and the bag that contained the [REDACTED], and added, that she was not the nurse who wrote the dates on that [REDACTED] or bag. According to the manufacturer specifications, once opened, [REDACTED] should be discarded after 28 days.</p> <p>On 12/11/19 at 1:09 PM, the surveyor asked the Director of Nursing (DON) if the [REDACTED], and the bags that contained them, should have had a pharmacy label on them. The DON replied, "Yes."</p> <p>On 12/12/19 at 1:00 PM, the surveyor reviewed the facility's policy and procedure titled, Labeling of Medication Containers, with an original date of 1/1/12 and a revised date of 11/2018, number 3 read:</p> <p>Labels for individual drug containers shall include all necessary information such as:</p> <ol style="list-style-type: none"> The resident's name The prescribing physician's name The name, address, and telephone number of the issuing pharmacy The name, strength, and quantity of the drug The prescription number (if applicable) The date that the medication was dispensed Appropriate accessory and cautionary statements The expiration date when applicable Directions for use <p>N.J.A.C. 8:39-29.4 (a), (h)</p>	F 761			