

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

PRINTED: 06/06/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315202	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 02/06/2024
NAME OF PROVIDER OR SUPPLIER LOPATCONG CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 390 RED SCHOOL LANE PHILLIPSBURG, NJ 08865		
(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 #s NJ161263, NJ161527, NJ161711, NJ161836, NJ162201, NJ162418, NJ163265, NJ163544 STANDARD SURVEY: 2/6/24 CENSUS: 134 SAMPLE SIZE: 30 A Recertification Survey was conducted to determine compliance with 42 CFR Part 483, Requirements for Long-Term Care Facilities. Complaint investigations were also completed during this survey. Deficiencies were cited for this survey.	F 000			
F 582 SS=D	Medicaid/Medicare Coverage/Liability Notice CFR(s): 483.10(g)(17)(18)(i)-(v) §483.10(g)(17) The facility must-- (i) Inform each Medicaid-eligible resident, in writing, at the time of admission to the nursing facility and when the resident becomes eligible for Medicaid of- (A) The items and services that are included in nursing facility services under the State plan and for which the resident may not be charged; (B) Those other items and services that the facility offers and for which the resident may be charged, and the amount of charges for those services; and (ii) Inform each Medicaid-eligible resident when changes are made to the items and services specified in §483.10(g)(17)(i)(A) and (B) of this section. §483.10(g)(18) The facility must inform each	F 582		3/12/24	

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

TITLE

(X6) DATE

Electronically Signed

02/22/2024

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 582	Continued From page 1 resident before, or at the time of admission, and periodically during the resident's stay, of services available in the facility and of charges for those services, including any charges for services not covered under Medicare/ Medicaid or by the facility's per diem rate. (i) Where changes in coverage are made to items and services covered by Medicare and/or by the Medicaid State plan, the facility must provide notice to residents of the change as soon as is reasonably possible. (ii) Where changes are made to charges for other items and services that the facility offers, the facility must inform the resident in writing at least 60 days prior to implementation of the change. (iii) If a resident dies or is hospitalized or is transferred and does not return to the facility, the facility must refund to the resident, resident representative, or estate, as applicable, any deposit or charges already paid, less the facility's per diem rate, for the days the resident actually resided or reserved or retained a bed in the facility, regardless of any minimum stay or discharge notice requirements. (iv) The facility must refund to the resident or resident representative any and all refunds due the resident within 30 days from the resident's date of discharge from the facility. (v) The terms of an admission contract by or on behalf of an individual seeking admission to the facility must not conflict with the requirements of these regulations. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, it was determined that the facility failed to issue the proper required Skilled Nursing Facility Advance Beneficiary Notice (SNFABN) for 1 of 3 residents (Resident #71) reviewed for facility	F 582	How any corrective action will be accomplished for those residents found to have been affected by the deficient practice:		

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F 582	<p>Continued From page 2 change notifications.</p> <p>The deficient practice is as follows:</p> <p>The facility presented the surveyor with a list of residents who were discharged from the facility within 6 months and should have received Beneficiary Notices. The surveyor reviewed Resident #71's Beneficiary Notification list which indicated that the resident was discharged from a NJ Exec Order 26.4b1 stay at the facility and was documented as having a discontinuation of their NJ Exec Order 26.4b1 insurance payment to the facility.</p> <p>Resident # 71 was admitted to the facility on NJ Exec Order 26.4b1. The last documented covered day of coverage for NJ Exec Order 26.4b1 service was NJ Exec Order 26.4b1. The facility did not present the resident with the proper required SNFABN form to notify them of the termination of insurance.</p> <p>On 2/2/24 at 11:45 AM, the facility Social Worker (SW) stated this resident had episode start date of NJ Exec Order 26.4b1 and last covered day for NJ Exec Order 26.4b1 was NJ Exec Order 26.4b1 and the SNFABN form was overlooked due to the position of the person completing this task is now remote and the previous person doing this task did complete and provide the appropriate forms.</p> <p>On 2/2/4 at 1:45 PM, the surveyor informed the Director of Nursing of the above concerns identified. No further documentation was provided.</p> <p>NJAC 8:39-5.4 (b)(c) Develop/Implement Abuse/Neglect Policies</p>	F 582	<p>An appropriate ABN Form was completed and provided for Resident # 71 on NJ Exec Order 26.4b1</p> <p>How the facility will identify other residents having the potential to be affected by the same deficient practice:</p> <p>All residents who receive Medicare Part A Services have the potential to be affected by this deficient practice.</p> <p>What measures will be put in place or systemic changes made to ensure that the deficient practice will not recur:</p> <p>The team issuing the SNFABN Forms were re-educated on the process and the appropriate forms to be used on 2/2/24. How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur:</p> <p>Weekly audits x4 weeks and then monthly x2 months will be completed by the Social Worker and/or Designee to ensure SNFABN Forms are completed and issued to those residents when Medicare Part A Services are discontinued. Results of the audits will be discussed in the Monthly QAPI Meeting until substantial compliance is achieved.</p>		
F 607 SS=E		F 607		3/12/24	

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F 607	<p>Continued From page 3</p> <p>CFR(s): 483.12(b)(1)-(5)(ii)(iii)</p> <p>§483.12(b) The facility must develop and implement written policies and procedures that:</p> <p>§483.12(b)(1) Prohibit and prevent abuse, neglect, and exploitation of residents and misappropriation of resident property,</p> <p>§483.12(b)(2) Establish policies and procedures to investigate any such allegations, and</p> <p>§483.12(b)(3) Include training as required at paragraph §483.95,</p> <p>§483.12(b)(4) Establish coordination with the QAPI program required under §483.75.</p> <p>§483.12(b)(5) Ensure reporting of crimes occurring in federally-funded long-term care facilities in accordance with section 1150B of the Act. The policies and procedures must include but are not limited to the following elements.</p> <p>§483.12(b)(5)(ii) Posting a conspicuous notice of employee rights, as defined at section 1150B(d)(3) of the Act.</p> <p>§483.12(b)(5)(iii) Prohibiting and preventing retaliation, as defined at section 1150B(d)(1) and (2) of the Act.</p> <p>This REQUIREMENT is not met as evidenced by: FRI NJ00162201</p> <p>Based on observation, interview, and record review of pertinent documentation, it was determined that the facility failed to implement their abuse policy and written regulations based</p>	F 607	<p>How any corrective action will be accomplished for those residents found to have been affected by the deficient practice:</p> <p>The Interdisciplinary Team and Nursing</p>		

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F 607	<p>Continued From page 4</p> <p>on protecting their residents after the abuse investigation. This deficient practice was identified for one of two residents (Resident #91) reviewed for following the facility's abuse policy.</p> <p>The deficient practice was evidenced by the following:</p> <p>The surveyor investigated the Facility Reported Incident (FRI) sent in by the Executive Director, Licensed Nursing Home Administrator (LNHA) to the Department of Health (DOH) on [redacted] based on a NJ Exec Order 26.4b1 between the Resident #91 and the Resident #39, which revealed the following:</p> <p>The facility reported that on [redacted], a staff member heard [redacted] from room [redacted]. Upon responding, the staff found Resident #91 (room # [redacted] walking out of Resident #39's (room # [redacted]) room and stated, "NJ Exec Order 26.4b1 Resident #39 stated, "[she/he] was in here NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1." The Resident #91 was redirected back to their own room # [redacted] next door. NJ Exec Order 26.4b1 was noted to both residents. The facility reported that they didn't know what provoked the incident because it was unwitnessed. The family, Nurse Practitioner, [Name Redacted] Behavioral Health Services, Ombudsman, and police were notified. The resident was placed on one to one until the police arrived. According to Resident #91's care plan, the next time such behavior happened to send resident to crisis center. The resident went to the hospital via ambulance where the resident was found to have [redacted] and returned with [redacted] orders. The hospital emergency (ED) department record revealed, reason for visit to the ED is [redacted] and diagnoses of [redacted]</p>	F 607	<p>Management were reeducated on 2/3/24 on the deficient practice of implementing our facility Abuse Policy and written protocols to ensure a safe environment for residents after an [redacted] investigation for Resident #91.</p> <p>How the facility will identify other residents having the potential to be affected by the same deficient practice:</p> <p>All residents in the facility have the potential to be affected by this deficient practice.</p> <p>What measures will be put in place or systemic changes made to ensure that the deficient practice will not recur:</p> <p>On 2/3/24 The Interdisciplinary Team, Nursing Management and all Nursing Staff were reeducated on OPS 300 Abuse Prohibition Policy and the written protocols including the option for room changes based on the situation to ensure a safe environment for all residents.</p> <p>How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur: Weekly audits x 4 weeks then monthly x 2</p>		

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F 607	<p>Continued From page 5</p> <p>with NJ Exec Order 26.4b1. The resident was NJ Exec Order 26.4b1 upon return from the hospital.</p> <p>A review of Registered Nurse (RN) statement on NJ Exec Order 26.4b1 confirmed the unwitnessed incident, Resident #91 went into Resident #39's room and NJ Exec Order 26.4b1.</p> <p>A review of the Order Summary for NJ Exec Order 26.4b1 of NJ Exec Order 26.4b1 revealed the resident was on NJ Exec Order 26.4b1 one tablet of NJ Exec Order 26.4b1 two times a day by mouth for 10 days for NJ Exec Order 26.4b1 when resident returned from the hospital; NJ Exec Order 26.4b1 1 tablet by mouth one time a day for NJ Exec Order 26.4b1, ordered NJ Exec Order 26.4b1.</p> <p>A review of the [Name Redacted] Psychiatry NP progress notes on NJ Exec Order 26.4b1, one day after the ED visit, revealed, NJ Exec. Order 26:4.b.1 NJ Exec Order 26.4b1 reviewed."</p> <p>A review of a general nursing note LPN documentation on NJ Exec Order 26.4b1 at 1:00, two days after the ED visit, stated, "Resident noted NJ Exec Order 26.4b1 in hallway this shift, NJ Exec. Order 26:4.b.1 at this time."</p> <p>A record review of Resident #91's records revealed: diagnoses of NJ Exec Order 26.4b1 NJ Exec Order 26.4b1. A Quarterly Minimum Data Set (MDS), an assessment tool on NJ Exec Order 26.4b1, revealed a Brief Interview for Mental Status (BIMS) score of NJ Exec Order 26.4b1 out of 15 which indicated NJ Exec Order 26.4b1. The Care Plan review revealed: potential to demonstrate NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1 behaviors related to NJ Exec Order 26.4b1 NJ Exec Order 26.4b1. The care plan intervention review revealed: monitor for NJ Exec Order 26.4b1; monitor for behaviors;</p>	F 607	<p>months will be completed by Nursing Management and/or Designee to ensure that the Abuse Policy and written protocols are implemented to maintain a safe environment for all residents. Results of audits will be discussed in the Monthly QAPI Meeting until substantial compliance is achieved.</p>	

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F 607	<p>Continued From page 6</p> <p>remove resident from environment; provide a calm environment; social service support; divert resident and give activities; NJ Exec. Order 26:4.b.1 [REDACTED].</p> <p>On 1/30/24 at 11:45 AM, the surveyor observed the resident lying in bed, NJ Exec Order 26.4b1 [REDACTED]. The resident's sister was in the room and stated, "She/He has NJ Exec Order 26.4b1 [REDACTED], the incident happened NJ Exec Order 26.4b1 [REDACTED] with another resident but there were NJ Exec Order 26.4b1 [REDACTED]. She/He used to walk around in patient rooms but stopped doing that."</p> <p>On 2/2/24 at 12:10 PM, the surveyor interviewed Resident #39, who was sitting on a wheelchair in their room and stated, "[Resident name] came in my room from next door because she/he thinks this is their room. There were no other incidents after that. She/He never came in and did it again. I feel safe now in my room."</p> <p>On 2/2/24 at 12:16 PM, interviewed Certified Nursing Assistant (CNA) who has been in the facility for NJ Exec Order 26.4b1 [REDACTED]. "The resident stays in bed and NJ Exec. Order 26:4.b.1 [REDACTED], it's their preference."</p> <p>On 2/2/24 at 12:22 PM, interviewed License Practical Nurse (LPN) who was the Unit Manager (UM) on the second floor. "I am here, going on NJ Exec Order 26.4b1 [REDACTED] now, from what I remember, Resident #91 was NJ Exec Order 26.4b1 [REDACTED], NJ Exec Order 26.4b1 [REDACTED] Resident #39's NJ Exec O [REDACTED] Resident #91 was removed from the room, 1:1 supervision, called our psychiatry doctor and sent resident to emergency room. The resident came back and found to have NJ Exec Order 26.4b1 [REDACTED] Came back with NJ Exec Order 26.4b1 [REDACTED], and psychiatry did a medication adjustment. During any resident altercation we</p>	F 607			

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F 607	<p>Continued From page 7</p> <p>would separate them. She/He was still walking around in the unit after the hospital visit. I don't know why we didn't move her/his room when she/he came back from the hospital. There were no other incidents after that. It was a gradual process when she/he stopped walking."</p> <p>On 2/2/24 at 1:20 PM, the surveyor discussed with the Director of Nursing (DON) and the Regional Director of Clinical Services, concerns on how the facility did not provide a safe resident environment when Resident #91 came back from the hospital, knowing that the resident continued to [redacted] around the unit.</p> <p>On 2/05/24 at 9:48 AM, the survey team met with the facility DON, Assistant DON, Director of PT, and IP for facility responses. The facility provided a [redacted] NJ Exec. Order 26:4.b.1 log of Resident #91 on the day of the incident [redacted] but no 1:1 supervision log for when the resident came back from the ED visit. The survey team inquired if there is a resident-to-resident altercation, what would be the expectation be, the DON responded, "Separate the residents involved and provide 1:1 supervision. The resident was not moved to another room at that time after returning from hospital. It should have been discussed after the resident returned from the hospital if room changed should have been done. There were no other [redacted] NJ Exec Order 26.4b1 with Resident #91 and Resident #39 after the [redacted] NJ Exec Order incident. The resident gradually stopped [redacted] NJ Exec Order 26.4b1 around [redacted] NJ Exec Order 26.4b1 of [redacted] due to a [redacted] NJ Exec Order 26.4b1"</p> <p>There was no additional documentation provided by the administration of 1:1 monitoring after resident returned from the hospital. Resident #91 and Resident #39 remained in their same rooms</p>	F 607			

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F 607	Continued From page 8 (NJ Exec Order 26-40 and NJ Exec Order 26-40) and Resident #91 remained able to (NJ Exec Order 26-40) until (NJ Exec Order 26-40) of (NJ Exec Order 26-40). A review of the investigation revealed the resident was able to (NJ Exec Order 26-40) until (NJ Exec Order 26-40) of (NJ Exec Order 26-40). A review of the current facility policy and procedure dated 10/24/22 titled Abuse Prohibition revealed, "patient who has in any way threatened or attacked another will be removed from the setting, options for room changes will be provided based on the situation."	F 607			
F 641 SS=D	NJAC 8.39-13.4(c)2iii Accuracy of Assessments CFR(s): 483.20(g) §483.20(g) Accuracy of Assessments. The assessment must accurately reflect the resident's status. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review it was determined the facility failed to accurately assess a resident utilizing the Minimum Data Set (MDS) assessment tool. The deficient practice was identified for 1 (#57) of 30 residents reviewed for accuracy of assessment and is detailed as follows. On 1/30/24 at 11:36 AM, the surveyor observed Resident #57 seated in a wheelchair in the nursing unit hallway. The surveyor again observed the resident on 01/31/24 at 09:45 AM seated in a wheelchair in the day room. A review of the electronic medical record revealed	F 641	How any corrective action will be accomplished for those residents found to have been affected by the deficient practice: A corrected MDS was submitted on (NJ Exec Order 26-40) for Resident # 57. How the facility will identify other residents having the potential to be affected by the same deficient practice: All residents on Hospice Services have	3/12/24	

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F 641	Continued From page 9 the following information. The resident was admitted to the facility receiving NJ Exec Order 26.4b1 and continued receiving services without interruption up to the time of the Standard survey. A review of the NJ Exec Order 26.4b1 Quarterly MDS, Section O, indicated the resident was no longer receiving NJ Exec Order 26.4b1. On 02/05/24 at 09:42 AM, the Director of Nursing confirmed that the resident continued to NJ Exec Order 26.4b1 during the assessment period for the NJ Exec Order 26.4b1 MDS. A corrected MDS was submitted on NJ Exec Order 26.4b1 following the discussion with the DON. NJAC 8:39 - 33.2(d)	F 641	the potential to be affected by this deficient practice. What measures will be put in place or systemic changes made to ensure that the deficient practice will not recur: Monthly resident response analyzer in PCC will be reviewed and the SW will be educated to communicate to the Clinical Reimbursement Managers any residents going on or off hospice in the facility so that Hospice residents are not missed for MDS coding accuracy. Onn 2/5/224 the Clinical Reimbursement Managers and MDS floaters were re-educated on reviewing Section O of MDS prior to closing the MDS and performing reviews of PCC logic checks. How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur: Weekly audits x4 then monthly audits x2 months will be completed by the Social Worker. Results of these audits will be discussed in the Monthly QAPI Meeting until substantial compliance is achieved.		
F 656 SS=D	Develop/Implement Comprehensive Care Plan CFR(s): 483.21(b)(1)(3)	F 656		3/12/24	

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F 656	Continued From page 10 §483.21(b) Comprehensive Care Plans §483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following - (i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40; and (ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c)(6). (iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident's medical record. (iv) In consultation with the resident and the resident's representative(s)- (A) The resident's goals for admission and desired outcomes. (B) The resident's preference and potential for future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose. (C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the	F 656			

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F 656	<p>Continued From page 11</p> <p>requirements set forth in paragraph (c) of this section.</p> <p>§483.21(b)(3) The services provided or arranged by the facility, as outlined by the comprehensive care plan, must-</p> <p>(iii) Be culturally-competent and trauma-informed. This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview, and record review, it was determined that the facility failed to develop a comprehensive, person-centered care plan (CP) for 1 of 27 residents reviewed for comprehensive care plans (Resident #79).</p> <p>This deficient practice was evidenced by the following:</p> <p>On 1/30/24 at 11:40 AM, the surveyor observed Resident #79 out of bed to a wheelchair, watching TV. The resident's room front door had a [redacted] [redacted] during care and before entering the room. Outside the resident's room are two plastic storage carts containing a box of gloves, gowns, masks, and goggles.</p> <p>The surveyor reviewed Resident #79 hybrid medical record (paper and electronic) which revealed the following:</p> <p>According to the Admission Record (an admission summary), Resident #79 was admitted to the facility with diagnoses that included but were not limited to personal history of [redacted] [redacted] and NJ Exec Order 26.4b1 [redacted]</p> <p>The Annual Minimum Data Set (MDS), an</p>	F 656	<p>How any corrective action will be accomplished for those residents found to have been affected by the deficient practice:</p> <p>A comprehensive care plan for NJ Exec Order 26.4b1 was developed and implemented immediately on [redacted] for Resident #79.</p> <p>How the facility will identify other residents having the potential to be affected by the same deficient practice:</p> <p>All residents with active Clostridium difficile have the potential to be affected by the deficient practice.</p> <p>What measures will be put in place or systemic changes made to ensure that the deficient practice will not recur:</p> <p>Licensed Nurses and the Interdisciplinary Team were re-educated on 2/3/24 on the Policy and Procedures for Person Centered Care Planning and practice standards.</p>		

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F 656	<p>Continued From page 12</p> <p>assessment tool to facilitate care, dated [redacted] indicated the facility assessed the resident's cognitive status using a Brief Interview for Mental Status (BIMS). The resident scored a [redacted] out of 15, which indicated that the resident is [redacted].</p> <p>A review of the progress note, dated [redacted] at 14:26, stated, "Call received back from [redacted] that they wanted to start patient on [redacted] qid x 10 days for [redacted]. Patient is currently having [redacted] at this time and has been on precautions for [redacted].</p> <p>A review of the medication administration report with the started date on [redacted] revealed: [redacted] by mouth four times a day for [redacted] for 10 Days."</p> <p>A review of the laboratory test with the received date on [redacted] stated, "[redacted]."</p> <p>A review of the resident's care plan revealed no CP addressed the resident's [redacted].</p> <p>On 2/1/24 at 12:50 PM, the surveyor interviewed a Licensed Practical Nurse/Unit Manager. She stated she didn't know that the care plan for [redacted] was resolved and that she had the care plan added.</p> <p>On 2/6/24 at 12:32 PM, the surveyor informed the Director of Nursing about the above concerns; the facility provided no additional information.</p>	F 656	<p>How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur:</p> <p>Weekly audits x4 weeks and then monthly x2 months will be completed by Nurse Unit Managers to ensure that Clostridium difficile care plans are comprehensive and person centered. Results of the audits will be discussed at the Monthly QAPI Meeting until substantial compliance is achieved.</p>		

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

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FORM APPROVED
OMB NO. 0938-0391

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F 656	Continued From page 13 A review of the facility's policy and procedure with a revision date of 10/24/22 stated, "Care plan includes measurable objectives and timetables to meet the patient's medical, nursing, nutrition, and mental and psychosocial needs that are identified in the comprehensive assessments."	F 656			
F 657 SS=D	NJAC 8:39-11.2(e) Care Plan Timing and Revision CFR(s): 483.21(b)(2)(i)-(iii) §483.21(b) Comprehensive Care Plans §483.21(b)(2) A comprehensive care plan must be- (i) Developed within 7 days after completion of the comprehensive assessment. (ii) Prepared by an interdisciplinary team, that includes but is not limited to-- (A) The attending physician. (B) A registered nurse with responsibility for the resident. (C) A nurse aide with responsibility for the resident. (D) A member of food and nutrition services staff. (E) To the extent practicable, the participation of the resident and the resident's representative(s). An explanation must be included in a resident's medical record if the participation of the resident and their resident representative is determined not practicable for the development of the resident's care plan. (F) Other appropriate staff or professionals in disciplines as determined by the resident's needs or as requested by the resident. (iii) Reviewed and revised by the interdisciplinary team after each assessment, including both the	F 657		3/12/24	

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F 657	<p>Continued From page 14</p> <p>comprehensive and quarterly review assessments.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview, and record review it was determined the facility failed to revise a resident's care plan to reflect their current needs related to a [NJ Exec Order 26.4b1]. The deficient practice was cited for 1 of 30 residents (#57) reviewed for comprehensive resident-centered care planning and is evidenced by the following.</p> <p>On 1/30/24 at 11:36 AM the surveyor observed Resident #57 seated in a wheelchair in the nursing unit hallway. The surveyor again observed the resident on 01/31/24 at 09:45 AM seated in a wheelchair in the day room.</p> <p>A review of the electronic medical record revealed the following information.</p> <p>An [NJ Exec Order 26.4b1] progress noted written at 17:50 revealed the resident [NJ Exec Order 26.4b1] from their wheelchair while self-propelling the chair in the hallway of the nursing unit.</p> <p>The surveyor reviewed the resident's current comprehensive care plan provided by the Director of Nursing (DON) on 2/1/24 at [NJ Exec Order 26.4b1].</p> <p>The focus area of the [NJ Exec Order 26.4b1] care plan initiated on [NJ Exec Order 26.4b1] and revised on [NJ Exec Order 26.4b1] indicated the resident was at [NJ Exec Order 26.4b1] due to [NJ Exec Order 26.4b1] and [NJ Exec Order 26.4b1]. The [NJ Exec Order 26.4b1] care plan focus area did not address the [NJ Exec Order 26.4b1] on [NJ Exec Order 26.4b1] which resulted in a [NJ Exec Order 26.4b1] nor did it address additional interventions to care for the resident's additional needs.</p>	F 657	<p>How any corrective action will be accomplished for those residents found to have been affected by the deficient practice:</p> <p>The care plan for resident #57 was revised on [NJ Exec Order 26.4b1].</p> <p>How the facility will identify other residents having the potential to be affected by the same deficient practice:</p> <p>All residents with recent falls have the potential to be affected by this deficient practice. What measures will be put in place or systemic changes made to ensure that the deficient practice will not recur:</p> <p>Licensed Nurses and the Interdisciplinary Team were educated on Care Plan Timing and Revision policy on 2/3/24.</p> <p>How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur:</p> <p>Weekly audits x 4 weeks and then monthly x2 months will be completed by the Licensed Unit Managers to ensure that</p>		

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F 657	Continued From page 15 The ^{NJ Exec O} care plan indicated the resident NJ Exec Order 26.4b1 related to a NJ Exec Order 26.4b1 The DON stated to the surveyor on 2/5/24 at 11:45 PM that the ^{NJ Exec O} care plan should have been updated following the ^{NJ Exec O} and ^{NJ Exec Order 26.4b1} on ^{NJ Exec Order 26.4b1} . The care plan was revised to reflect this on ^{NJ Exec Order 26.4b1} following the discussion. A review of the facility's policy and procedure revised on 10/24/22 indicated care plans should include measurable objectives and timetables to meet the patient's medical, nursing, nutrition, and mental and psychosocial needs that are identified in the comprehensive assessments.	F 657	resident's fall care plans are updated to reflect their current needs. Results will be discussed in the Monthly QAPI Meeting until substantial compliance is achieved.		
F 693 SS=E	NJAC 8:39-11.2(f)(h) Tube Feeding Mgmt/Restore Eating Skills CFR(s): 483.25(g)(4)(5) §483.25(g)(4)-(5) Enteral Nutrition (Includes naso-gastric and gastrostomy tubes, both percutaneous endoscopic gastrostomy and percutaneous endoscopic jejunostomy, and enteral fluids). Based on a resident's comprehensive assessment, the facility must ensure that a resident- §483.25(g)(4) A resident who has been able to eat enough alone or with assistance is not fed by enteral methods unless the resident's clinical condition demonstrates that enteral feeding was clinically indicated and consented to by the resident; and	F 693		3/12/24	

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F 693	<p>Continued From page 16</p> <p>§483.25(g)(5) A resident who is fed by enteral means receives the appropriate treatment and services to restore, if possible, oral eating skills and to prevent complications of enteral feeding including but not limited to aspiration pneumonia, diarrhea, vomiting, dehydration, metabolic abnormalities, and nasal-pharyngeal ulcers. This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview, record review and review of other pertinent facility documentations, it was determined that the facility failed to evaluate the basis use or discontinuation of a [NJ Exec Order 26.4b1] device consistent with the resident's goals and wishes. This deficient practice was identified for one of two residents (Resident #83) reviewed.</p> <p>This deficient practice was evidenced by the following:</p> <p>On 1/30/24 at 11:20 AM, the surveyor observed the resident lying in bed. The resident stated, "I have a [NJ Exec Order 26.4.b.1], but I have not been using it for a long time. I have been asking them [NJ Exec Order 26.4.b.1] since I was admitted here about [NJ Exec Order 26.4b1] ago, everyone knows but they told me they can't find a doctor who [NJ Exec Order 26.4.b.1] because of my insurance."</p> <p>On 1/30/24 at 1:20 PM, the surveyor interviewed the Unit Manager (UM), License Practical Nurse (LPN) on the first floor, she stated, "The resident does not use the [NJ Exec Order 26.4b1], it's there because of the [NJ Exec Order 26.4b1] the resident had in the past. The [NJ Exec Order 26.4b1] gets [NJ Exec Order 26.4b1] only. The resident and son does want the [NJ Exec Order 26.4b1] but as per Social Worker, it's hard to find a doctor through the resident's</p>	F 693	<p>How any corrective action will be accomplished for those residents found to have been affected by the deficient practice:</p> <p>A request for release of Medical Records for resident #83 from her previous [NJ Exec Order 26.4b1] was submitted on [NJ Exec Order 26.4b1] to pursue the [NJ Exec Order 26.4b1] of her [NJ Exec Order 26.4b1] at a local [NJ Exec Order 26.4b1] office near the facility per her request.</p> <p>How the facility will identify other residents having the potential to be affected by the same deficient practice:</p> <p>All residents with a gastrostomy tube or receive enteral nutrition have the potential to be affected by this deficient practice.</p> <p>What measures will be put in place or systemic changes made to ensure that the deficient practice will not recur:</p>		

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F 693	<p>Continued From page 17</p> <p>insurance that [redacted] NJ Exec. Order 26:4.b.1." "</p> <p>On 1/30/24 at 1:30 PM, a record review of the Electronic Health Records (EHR) revealed the Resident #83 is not [redacted] NJ Exec Order 26.4b1 through the [redacted] NJ Exec., the resident is receiving [redacted] NJ Exec Order 26.4b1 only every shift, the resident is on a [redacted] NJ Exec Order 26.4b1</p> <p>On 1/30/24 at 1:30 PM, the UM gave a copy of a progress note done by the Social Worker (SW) on [redacted] NJ Exec Order 26.4b1 at 13:48 stating, "This worker spoke with [resident's name], DIL [daughter-in-law's name], and explained about [resident's name] request to get [redacted] NJ Exec Order 26.4b1 NJ Exec. Order 26.4b1. It was explained that team is having trouble finding a provider close by in her/his insurance plan. This worker advised that perhaps they may want to look into another insurance to better provide medical services for [resident name]. Will follow up and assist as needed."</p> <p>On 1/31/24 at 10:15 AM, observed the resident lying in bed and voluntarily showed the surveyor the [redacted] NJ Exec Order 26.4b1 a [redacted] NJ Exec Order 26.4b1</p> <p>[redacted]</p> <p>The resident stated, "It's been [redacted] NJ Exec Order 26.4b1 it [redacted] NJ Exec Order 26.4b1 [redacted] NJ Exec Order 26.4b1, I don't need it. They can't find a doctor that takes my insurance."</p> <p>On 2/2/24 at 09:41 AM, the surveyor interviewed the Registered Dietitian (RD), who has been working in the facility for over [redacted] NJ Exec Order 26.4b1. She</p>	F 693	<p>The Interdisciplinary Team, Licensed Nurses and Physician were re-educated on the basic use or discontinuation of a gastrostomy tube device consistent with the resident's goals and wishes on 2/6/24. How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur:</p> <p>Weekly audits x 4 weeks then monthly audits x3 months will be completed by the Social Worker and/or Designee to ensure that there is a continued rationale for an enteral tube and it is consistent with the residents wishes.</p> <p>Results of the audits will be discussed at the Monthly QAPI Meeting until substantial compliance is achieved.</p>	

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F 693	<p>Continued From page 18</p> <p>stated, "The resident has a [redacted] and gets [redacted] for [redacted], does not need it for [redacted]. It was brought up in Interdisciplinary Team (IDT) meeting and to the doctor that resident wants it taken out but there was something regarding her insurance. The resident does not need it for any medical reason. The NJ Exec Order 26.4b1 [redacted]</p> <p>On 2/2/24 at 10:16 AM, interviewed the License Practical Nurse (LPN) on the first floor, she stated, " I've been in this facility almost [redacted]. I just NJ Exec Order 26.4b1, there was a discussion with the doctor who was trying to get in touch with the surgeon [redacted]. The resident used to talk about it and wished to [redacted] because she/he felt like she/he doesn't need it anymore. The resident does have a [redacted]</p> <p>On 2/2/24 at 10:23 AM, interviewed first floor Certified Nursing Assistance (CNA), who stated, "I've been working here [redacted] first through the agency. The only thing that the resident has mentioned she/he wants [redacted]."</p> <p>On 2/2/24 at 10:28 AM, interviewed the resident, "It's NJ Exec Order 26.4b1 [redacted] during the day, usually after it gets [redacted]. I usually tell my nurse that it [redacted], but she doesn't know why they haven't [redacted]. I would like it to be [redacted]. I'm sure I've mentioned it during my care plans meetings."</p> <p>On 2/2/24 at 10:56 AM, the surveyor in the presence of another surveyor, interviewed the resident's primary physician, he stated, "I don't recall if she/he was getting anymore [redacted]. I don't ever remember addressing it. If the [redacted] is [redacted]"</p>	F 693			

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F 693	<p>Continued From page 19</p> <p>not being used, obviously the plan would be to [redacted]. She/He has never verbalized it to me that she/he wants [redacted]. She/He is not using it for medical or nutritional purposes. I don't know if [redacted] would be a reason to keep it in. The IDT has not mentioned it to me. If a [redacted] is not being used, we normally not recommend keeping it in, it would be unreasonable. I agree that the [redacted] is unnecessary." The surveyor read the progress note of the SW from [redacted] and the doctor replied, "Residents sometimes do not get the services needed because of insurance, it's insurance driven." The survey team informed the doctor that the facility is ultimately responsible for the resident's care regardless of insurance.</p> <p>On 2/2/24 at 11:20 AM, interviewed the Social Worker (SW) who stated, " I've been here over a [redacted]. From what I understand, she/he has a [redacted], but they just [redacted] it. She/He wanted [redacted] UM and nurses were aware but was having trouble with insurance. I have informed the team during morning meeting and clinical meetings; it was mentioned to administration. The family have to look into the insurance. I am not aware that the facility is responsible to cover the cost."</p> <p>On 2/2/24 at 12:44 PM, interviewed the resident and stated, "I didn't ask for [redacted] and I get [redacted] anyway and that helps. I would like [redacted] because [redacted] and after the [redacted]"</p> <p>A record review of the EHR revealed the resident's diagnoses of: [redacted]; encounter for attention to</p>	F 693			

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F 693	<p>Continued From page 20</p> <p>NJ Exec Order 26.4b1; personal history of NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1.</p> <p>A review of the order summary revealed: NJ Exec Order 26.4b1 every 8 hours. total NJ Exec Order 26.4b1 every shift for NJ Exec Order 26.4b1, ordered NJ Exec Order 26.4b1, end date NJ Exec Order 26.4b1 with NJ Exec Order 26.4b1 every 8 hours, total NJ Exec Order 26.4b1 every shift for NJ Exec Order 26.4b1, ordered NJ Exec Order 26.4b1; Regular diet ordered NJ Exec Order 26.4b1.</p> <p>A review of the resident's Minimum Data Set (MDS), an assessment tool, Quarterly MDS on NJ Exec Order 26.4b1 revealed a Brief Interview of Mental Status (BIMS) score of NJ Exec Order 26.4b1 out of 15 indicating NJ Exec Order 26.4b1.</p> <p>A review of the resident's care plan revealed an intervention created on NJ Exec Order 26.4b1 to recommend Medical Director (MD) re-evaluate need for NJ Exec Order 26.4b1 as resident is a NJ Exec Order 26.4b1 order.</p> <p>A review of the RD's note on NJ Exec Order 26.4b1 revealed, "weight NJ Exec Order 26.4b1 for resident. Diet is NJ Exec Order 26.4b1. NJ Exec Order 26.4b1 continues for maintenance of NJ Exec Order 26.4b1." The previous weight of resident on NJ Exec Order 26.4b1 was NJ Exec Order 26.4b1.</p> <p>On 2/2/24 at 1:20 PM, the surveyor discussed with the Director of Nursing (DON) and the Regional Director of Clinical Services, concerns regarding resident's requests for NJ Exec Order 26.4b1 since admission of NJ Exec Order 26.4b1. The regional staff acknowledged that it is ultimately the facility's responsibility to meet the resident's needs regardless of insurance.</p>	F 693		

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F 693	<p>Continued From page 21</p> <p>A record review of the progress notes by the Nurse Practitioner (NP) on [redacted] revealed: Chief Complaint / Nature of Presenting Problem: "Patient wants [redacted] NJ Exec Order 26.4b1 [redacted] Patient requests [redacted] be [redacted]: Patient requests [redacted] of the [redacted] again today as she/he hasn't used the [redacted] and she/he have no intention of having [redacted] again. Patient has not had [redacted] NJ Exec Order 26.4b1 [redacted] her/him. Of note, patient wanted to [redacted] the [redacted] in the past." Additional documentation by NP on [redacted] revealed, "She/He wants to [redacted] the [redacted] permanently."</p> <p>On 2/5/24 at 9:00AM, [redacted] received three staff LPN's statements dated [redacted] from DON, revealing, "that resident has [redacted] NJ Exec Order 26.4b1 [redacted]"</p> <p>On 2/5/24 at 9:48 AM, the survey team met with DON, Assistant DON, Director of Physical Therapy, and Infection Preventionist and were asked if the insurance is not able to cover the service for [redacted] NJ Exec Order 26.4b1, who will be responsible for this, the DON replied, "We're still going to take care of this if the insurance does not cover the service."</p> <p>On 2/2/24 at 10:25 AM, reviewed the facility's current policy and procedure titled Enteral Management dated 03/01/22 which revealed, "The physician and interdisciplinary care team must review the basis of the enteral tube and the patient's current condition to determine if there is a continued rationale for its use and ensure that its continued use is consistent with the patient's treatment goals and wishes."</p>	F 693		

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F 693	Continued From page 22	F 693			
F 695 SS=D	<p>NJAC 8.39-25.2(c)2i Respiratory/Tracheostomy Care and Suctioning CFR(s): 483.25(i)</p> <p>§ 483.25(i) Respiratory care, including tracheostomy care and tracheal suctioning. The facility must ensure that a resident who needs respiratory care, including tracheostomy care and tracheal suctioning, is provided such care, consistent with professional standards of practice, the comprehensive person-centered care plan, the residents' goals and preferences, and 483.65 of this subpart.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview, record review, and review of other pertinent facility documentation, it was determined that the facility failed to maintain the necessary NJ Exec Order 26.4b1 care and services of residents in accordance with professional standards of practice for one of two residents, (Resident #1) reviewed for NJ Exec Order 26.4b1 care.</p> <p>This deficient practice was evidenced by the following:</p> <p>On 1/30/24 at 11:30 AM, the surveyor observed the NJ Exec Order 26.4b1 by the door of Resident #1. The surveyor observed Resident #1 lying in bed, the NJ Exec Order 26.4b1 by the left side of the bed with NJ Exec Order 26.4b1, NJ Exec Order 26.4b1 laying on the side of the mattress, NJ Exec Order 26.4b1 noted, NJ Exec Order 26.4b1 dated NJ Exec Order 26.4b1. The resident stated, "I use my NJ Exec Order 26.4b1 on</p>	F 695	<p>How any corrective action will be accomplished for those residents found to have been affected by the deficient practice:</p> <p>The NJ Exec Order 26.4b1 for Resident #1 was changed and dated on NJ Exec Order 26.4b1 by the Licensed Unit Manager.</p> <p>How the facility will identify other residents having the potential to be affected by the same deficient practice</p> <p>All residents with oxygen needs have the potential to be affected by this deficient practice. What measures will be put in place or systemic changes made to ensure that the deficient practice will not</p>	3/12/24	

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F 695	<p>Continued From page 23 and off every day."</p> <p>On 1/31/24 at 10:20 AM, observed the resident lying in bed with [redacted] use on [redacted] via [redacted] and [redacted] dated [redacted].</p> <p>On 1/31/24 10:34 AM, the surveyor interviewed the primary nurse License Practical Nurse (LPN), who has been working in facility since [redacted]. She stated, "The resident is on [redacted] as needed for [redacted]." The Unit Manager (UM), LPN, who has been working here for [redacted], stated, "The [redacted] changes the [redacted] every Friday."</p> <p>On 2/1/24 at 08:55 AM, observed the resident with [redacted] use via [redacted] on [redacted] with the same [redacted] dated [redacted]. The UM came into the room and acknowledged that the [redacted] should have been changed last week.</p> <p>On 2/1/24 at 09:30 AM, the [redacted] who has been working in the facility since [redacted], stated, "I change the [redacted] every week, I had an emergency last week and had to leave. Usually, nursing will take over to change the [redacted]."</p> <p>On 2/2/24 at 1:20 PM, the surveyor informed the Director of Nursing (DON) and the Regional Director of Clinical Services, concerns regarding the care of [redacted]. The DON acknowledged and stated, "Nursing should take over caring for [redacted] when [redacted] is not around, and it should be changed weekly."</p> <p>A record review of the resident's Electronic Health</p>	F 695	<p>recur:</p> <p>On 2/3/24 the Licensed Nurses were re-educated on Respiratory Management Care and the standard of practice to change and date oxygen tubing weekly.</p> <p>How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur:</p> <p>Weekly audits x4 weeks then monthly x2 months will be completed by the Primary Nurses to ensure that respiratory care is consistent with professional standards of practice, Results of the audits will be discussed in the Monthly QAPI Meeting until substantial compliance is achieved.</p>	

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F 695	<p>Continued From page 24</p> <p>Record (EHR) revealed a diagnosis of [redacted] and [redacted] NJ Exec Order 26.4b1</p> <p>A record review of the order summary in the EHR revealed orders for: [redacted] NJ Exec Order 26.4b1 change weekly label each component with date and initials every Friday day shift.</p> <p>[redacted] NJ Exec Order 26.4b1 as needed (PRN) for [redacted] NJ Exec O ordered [redacted] NJ Exec Order 26.4b1 NJ Exec Order 26.4b1 Evaluation & treatment as recommended, ordered [redacted] NJ Exec Order 26.4b1.</p> <p>A review of the Minimum Data Set (MDS), a facility assessment tool, of the resident's Quarterly MDS dated [redacted] NJ Exec Order 26.4b1, revealed a Brief Interview for Mental Status (BIMS) score of [redacted] NJ E out of 15 which indicated [redacted] NJ Exec Order 26.4b1.</p> <p>A review of the resident's care plan revealed care plan for at risk for [redacted] NJ Exec Order 26.4b1 complications related to [redacted] NJ Exec O and interventions for weekly [redacted] NJ Exec Order 26.4b1 change.</p> <p>On 2/05/24 at 11:33 AM, the surveyor reviewed the most current policy and procedure titled, Respiratory Management, dated 12/1/21 which revealed, "If respiratory care is needed, it will be performed by a licensed nurse who has been trained and has demonstrated competency."</p>	F 695			
F 711 SS=E	<p>NJAC 8.39-25.2(c)3</p> <p>Physician Visits - Review Care/Notes/Order</p> <p>CFR(s): 483.30(b)(1)-(3)</p>	F 711		3/12/24	

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F 711	<p>Continued From page 25</p> <p>§483.30(b) Physician Visits The physician must-</p> <p>§483.30(b)(1) Review the resident's total program of care, including medications and treatments, at each visit required by paragraph (c) of this section;</p> <p>§483.30(b)(2) Write, sign, and date progress notes at each visit; and</p> <p>§483.30(b)(3) Sign and date all orders with the exception of influenza and pneumococcal vaccines, which may be administered per physician-approved facility policy after an assessment for contraindications. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, it was determined that the facility failed to: a) assure that the physician responsible for supervising the care of residents signed and dated monthly physician's orders. This deficient practice was observed for 18 of 27 residents reviewed (Resident #110, 57, 4, 72, 9, 40, 69, 1, 91, 83, 48, 103, 62, 74, 10, 35, 79, and 102); and b) wrote physician progress notes (PPN) at least every 60 days with alternating nurse practitioner (NP) visits for 2 of 27 residents reviewed (#35 and #79).</p> <p>The deficient practices were evidenced by the following:</p> <p>1. The surveyor reviewed the Order Summary Report (OSR) for Resident #110 which revealed that the physician did not sign and date the monthly OSR for the month of [redacted].</p>	F 711	<p>How any corrective action will be accomplished for those residents found to have been affected by the deficient practice:</p> <p>The Medical Director was informed that residents #110, 57, 4, 72, 9, 40, 69, 1,91, 83,48,103,62,74,10,35,79,102,35 and 79 were in need a of a physician visit and were all completed on [redacted]. The Administrator reviewed the responsibilities and expectations with the Medical Director on 2/9/24.</p> <p>How the facility will identify other residents having the potential to be affected by the same deficient practice:</p>		

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F 711	Continued From page 26 2. The surveyor reviewed the OSR for Resident #57 which revealed that the physician did not sign and date the monthly OSR for the month of [redacted] NJ Exec Order 26.4b1. 3. Resident #4's hybrid medical records revealed the resident's physician had not hand signed or electronically signed the monthly physician's orders for [redacted] NJ Exec Order 26.4b1 and [redacted] NJ Exec Order 26.4b1. 4. Resident #9's hybrid medical records revealed the resident's physician had not hand signed or electronically signed the monthly physician's orders for [redacted] NJ Exec Order 26.4b1 and [redacted] NJ Exec Order 26.4b1. 5. Resident #40's hybrid medical records revealed the resident's physician had not hand signed or electronically signed the monthly physician's orders for [redacted] NJ Exec Order 26.4b1 and [redacted] NJ Exec Order 26.4b1. 6. Resident #72's hybrid medical records revealed the resident's physician had not hand signed or electronically signed the monthly physician's orders for [redacted] NJ Exec Order 26.4b1 [redacted] NJ Exec Order 26.4b1 and [redacted] NJ Exec Order 26.4b1. 7. The surveyor reviewed the Resident #69 hybrid medical records which revealed the resident's physician had not hand signed or electronically signed the monthly physician's orders for [redacted] NJ Exec Order 26.4b1.	F 711	All residents have the potential to be affected by the deficient practice. What measures will be put in place or systemic changes made to ensure that the deficient practice will not recur: The Administrator reviewed with the Medical Director on 2/9/24 the responsibilities and expectations about signing and dating monthly orders and writing physician progress notes at least every 60 days with alternating nurse practitioner visits. The Medical Director was re-educated on 2/9/24 about the need to sign and date monthly physician orders for residents whose care is his responsibility. The Medical Records Director will be providing a list of residents to be seen the last week of the month for the next month to the Medical Director on an ongoing basis to ensure compliance. How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur: Physician visits will be tracked weekly x4 weeks and then monthly x2 months for the next 2 months by the Medical Records Director. The monthly results will be discussed at the Monthly QAPI Meeting until substantial compliance is achieved.		

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F 711	Continued From page 27 8. The surveyor reviewed the Resident #1 hybrid medical records which revealed the resident's physician had not hand signed or electronically signed the monthly physician's orders for NJ Exec Order 26.4b1 9. The surveyor reviewed the Resident #91 hybrid medical records which revealed the resident's physician had not hand signed or electronically signed the monthly physician's orders for NJ Exec Order 26.4b1 10. The surveyor reviewed the Resident #83 hybrid medical records which revealed the resident's physician had not hand signed or electronically signed the monthly physician's orders for NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1 . 11. Resident #10's hybrid medical records revealed the resident's physician had not hand signed or electronically signed the monthly physician's orders for NJ Exec Order 26.4b1 , NJ Exec Order 26.4b1 , NJ Exec Order 26.4b1 , and NJ Exec Order 26.4b1 . 12. Resident #48's hybrid medical records revealed the resident's physician had not hand signed or electronically signed the monthly physician's orders for NJ Exec Order 26.4b1 13. Resident #62's hybrid medical records revealed the resident's physician had not hand signed or electronically signed the monthly physician's orders for NJ Exec Order 26.4b1 . 14. Resident #74's hybrid medical records revealed the resident's physician had not hand	F 711			

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F 711	<p>Continued From page 28</p> <p>signed or electronically signed the monthly physician's orders for [REDACTED].</p> <p>15. Resident #103's hybrid medical records revealed the resident's physician had not hand signed or electronically signed the monthly physician's orders for [REDACTED].</p> <p>16. The surveyor reviewed the OSR for Resident #35 which revealed that the physician did not sign and date the monthly OSR for [REDACTED], [REDACTED], and [REDACTED].</p> <p>17. The surveyor reviewed the OSR for Resident #79 which revealed that the physician did not sign and date the monthly OSR for [REDACTED], [REDACTED], and [REDACTED].</p> <p>18. The surveyor reviewed the OSR for Resident #102 which revealed that the physician did not sign and date the monthly OSR for [REDACTED], [REDACTED], and [REDACTED].</p> <p>On 1/30/24 at 10:56 AM, the surveyor observed Resident #35 in bed wearing a gown covered with a blanket, lying comfortably [REDACTED].</p> <p>The surveyor reviewed Resident #35's hybrid medical records (paper and electronic).</p> <p>According to the Admission Record (an admission summary) (AR), Resident #35 was admitted to the facility with diagnoses that included but were not limited to [REDACTED].</p>	F 711			

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F 711	<p>Continued From page 29</p> <p>NJ Exec Order 26.4b1</p> <p>A review of the PPN revealed that Resident #35's primary physician last documented that he had visited and examined the resident on NJ Exec Order 26.4b1. The NP, who worked with the primary physician, documented a practitioner progress note at least monthly when visiting and examining the resident between NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1. The primary physician documented no progress note at least every 60 days between NJ Exec Order 26.4b1 to NJ Exec Order 26.4b1 to indicate a face-to-face visit and examination of Resident #35.</p> <p>The surveyor reviewed Resident #79's hybrid medical records.</p> <p>On 01/30/24 at 11:40 AM, the surveyor observed Resident #79 out of bed to a wheelchair, watching TV.</p> <p>According to the AR, Resident #79 was admitted to the facility with diagnoses that included but were not limited to NJ Exec Order 26.4b1</p> <p>A review of PPN revealed that Resident #79's primary physician last documented that he had visited and examined the resident on NJ Exec Order 26.4b1. The NP, who worked with the primary physician, documented a practitioner progress note at least monthly when visiting and examining the resident between NJ Exec Order 26.4b1 to NJ Exec Order 26.4b1. The primary physician documented no progress note at least every 60 days between NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1 to indicate a face-to-face visit and examination of Resident #79.</p> <p>On 02/02/24 at 1:41 PM, the surveyor interviewed</p>	F 711			

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F 711	Continued From page 30 the Licensed Practical Nurse/Unit Manager (LPN/UM) regarding the missing signature of the physician's monthly order from the primary doctor and PPN. The LPN stated that the NP signed the monthly order, but the primary doctor and PPN were unsure. On 02/06/24 at 12:38 PM, the surveyor team informed the Director of Nursing (DON) of the concern regarding physician orders and visits and stated she was aware. A review of the facility policy titled "Physician/Advanced Practice Provider (APP) Orders" with a review date of 3/1/22 that the DON provided did not include information about monthly signed orders by the primary physician. A review of the facility policy titled "Physician Services" with a review date of 8/7/23 that the DON provided did not include information about physician's visits at least once every 30 days for the first 90 days after admission and at least once every 60 days thereafter or alternate 30-day visits by NP.	F 711			
F 725 SS=E	NJAC 8:39-23.2(b)(d) Sufficient Nursing Staff CFR(s): 483.35(a)(1)(2) §483.35(a) Sufficient Staff. The facility must have sufficient nursing staff with the appropriate competencies and skills sets to provide nursing and related services to assure resident safety and attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as determined by	F 725		3/12/24	

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F 725	<p>Continued From page 31</p> <p>resident assessments and individual plans of care and considering the number, acuity and diagnoses of the facility's resident population in accordance with the facility assessment required at §483.70(e).</p> <p>§483.35(a)(1) The facility must provide services by sufficient numbers of each of the following types of personnel on a 24-hour basis to provide nursing care to all residents in accordance with resident care plans:</p> <p>(i) Except when waived under paragraph (e) of this section, licensed nurses; and</p> <p>(ii) Other nursing personnel, including but not limited to nurse aides.</p> <p>§483.35(a)(2) Except when waived under paragraph (e) of this section, the facility must designate a licensed nurse to serve as a charge nurse on each tour of duty.</p> <p>This REQUIREMENT is not met as evidenced by: Complaint NJ00163544 and NJ00161527</p> <p>Based on observation, interview, and review of pertinent facility documentation, it was determined the facility failed to maintain the required minimum direct care staff-to-resident ratios as mandated by the state of New Jersey. This deficient practice was evidenced by the following:</p> <p>Reference: NJ State requirement, CHAPTER 112. An Act concerning staffing requirements for nursing homes and supplementing Title 30 of the Revised Statutes.</p> <p>Be It Enacted by the Senate and General</p>	F 725	<p>How any corrective action will be accomplished for those residents found to have been affected by the deficient practice:</p> <p>All residents in the facility were affected by the deficient practice on the dates and shifts noted. Facility will continue to work on staffing daily.</p> <p>How the facility will identify other residents having the potential to be affected by the same deficient practice:</p>		

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F 725	<p>Continued From page 32</p> <p>Assembly of the State of New Jersey: C.30:13-18 Minimum staffing requirements for nursing homes effective 2/1/21.</p> <p>1. a. Notwithstanding any other staffing requirements as may be established by law, every nursing home as defined in section 2 of P.L.1976, c.120 (C.30:13-2) or licensed pursuant to P.L.1971, c.136 (C.26:2H-1 et seq.) shall maintain the following minimum direct care staff -to-resident ratios:</p> <p>(1) one certified nurse aide to every eight residents for the day shift;</p> <p>(2) one direct care staff member to every 10 residents for the evening shift, provided that no fewer than half of all staff members shall be certified nurse aides, and each staff member shall be signed in to work as a certified nurse aide and shall perform certified nurse aide duties; and</p> <p>(3) one direct care staff member to every 14 residents for the night shift, provided that each direct care staff member shall sign in to work as a certified nurse aide and perform certified nurse aide duties</p> <p>b. Upon any expansion of resident census by the nursing home, the nursing home shall be exempt from any increase in direct care staffing ratios for a period of nine consecutive shifts from the date of the expansion of the resident census.</p> <p>c. (1) The computation of minimum direct care staffing ratios shall be carried to the hundredth place.</p>	F 725	<p>All residents have the potential to to be affected by this deficient practice.</p> <p>What measures will be put in place or systemic changes made to ensure that the deficient practice will not recur:</p> <p>The Administrator, Nursing Clinical Team, and Staffing Coordinator were re-educated on the NJ minimum staffing mandates on 2/4/24. The facility will continue its recruiting efforts using various forms of media to increase the number of applicants. The facility provides CNA courses to train, transition and certify students. The facility will have weekly staffing calls with the regional support team.</p> <p>A call bell audit was recently done on 1/15/24. An Inservice was conducted and staff re-educated on 2/3/24 on residents refusal of showers. How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur:</p> <p>The Human Resource Manager and Staffing Coordinator will maintain a list of current recruiting efforts and document the results of these 3 days per week. The Administrator will audit the daily staffing schedules to determine if the facility is meeting the staff to resident ratios. These findings will be discussed at the Monthly QAPI Meeting to evaluate the</p>		

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F 725	<p>Continued From page 33</p> <p>(2) If the application of the ratios listed in subsection a. of this section results in other than a whole number of direct care staff, including certified nurse aides, for a shift, the number of required direct care staff members shall be rounded to the next higher whole number when the resulting ratio, carried to the hundredth place, is fifty-one hundredths or higher.</p> <p>(3) All computations shall be based on the midnight census for the day in which the shift begins.</p> <p>d. Nothing in this section shall be construed to affect any minimum staffing requirements for nursing homes as may be required by the Commissioner of Health for staff other than direct care staff, including certified nurse aides, or to restrict the ability of a nursing home to increase staffing levels, at any time, beyond the established minimum ...</p> <p>A review of the New Jersey Department of Health Long Term Care Assessment and Survey Program Nurse Staffing Reports was performed during the Standard survey of 2/6/2024. The Staffing Reports were divided into 3 time periods. The results are as follows:</p> <p>1. For the week of Complaint staffing from 02/12/2023 to 02/18/2023, the facility was deficient in CNA staffing for residents on 7 of 7 day shifts, deficient in CNAs to total staff on 3 of 7 evening shifts, and deficient in total staff for residents on 2 of 7 overnight shifts as follows:</p> <p>-02/12/23 had 7 CNAs for 106 residents on the day shift, required at least 13 CNAs. -02/12/23 had 5.75 CNAs to 13 total staff on the</p>	F 725	effectiveness of this plan until substantial compliance is achieved.		

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F 725	<p>Continued From page 34</p> <p>evening shift, required at least 6 CNAs. -02/12/23 had 7.25 total staff for 106 residents on the overnight shift, required at least 8 total staff. -02/13/23 had 9.5 CNAs for 105 residents on the day shift, required at least 13 CNAs. -02/14/23 had 11 CNAs for 104 residents on the day shift, required at least 13 CNAs. -02/14/23 had 6 CNAs to 14.5 total staff on the evening shift, required at least 7 CNAs. -02/15/23 had 8.5 CNAs for 103 residents on the day shift, required at least 13 CNAs. -02/16/23 had 10 CNAs for 103 residents on the day shift, required at least 13 CNAs. -02/17/23 had 9 CNAs for 101 residents on the day shift, required at least 13 CNAs. -02/17/23 had 5.75 CNAs to 14 total staff on the evening shift, required at least 7 CNAs. -02/17/23 had 5.5 total staff for 101 residents on the overnight shift, required at least 7 total staff. -02/18/23 had 11.5 CNAs for 101 residents on the day shift, required at least 13 CNAs.</p> <p>2. For the week of Complaint staffing from 04/16/2023 to 04/22/2023, the facility was deficient in CNA staffing for residents on 7 of 7 day shifts, deficient in total staff for residents on 1 of 7 evening shifts, deficient in CNAs to total staff on 1 of 7 evening shifts and deficient in total staff for residents on 4 of 7 overnight shifts as follows:</p> <p>-04/16/23 had 9.25 CNAs for 108 residents on the day shift, required at least 13 CNAs. -04/16/23 had 6.75 total staff for 108 residents on the overnight shift, required at least 8 total staff. -04/17/23 had 8.5 CNAs for 108 residents on the day shift, required at least 13 CNAs. -04/17/23 had 6 total staff for 108 residents on the overnight shift, required at least 8 total staff. -04/18/23 had 8.25 CNAs for 108 residents on the</p>	F 725			

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F 725	Continued From page 35 day shift, required at least 13 CNAs. -04/19/23 had 7.5 CNAs for 108 residents on the day shift, required at least 13 CNAs. -04/19/23 had 6.5 total staff for 108 residents on the overnight shift, required at least 8 total staff. -04/20/23 had 9.75 CNAs for 109 residents on the day shift, required at least 14 CNAs. -04/21/23 had 9.25 CNAs for 108 residents on the day shift, required at least 13 CNAs. -04/21/23 had 5.25 CNAs to 16.25 total staff on the evening shift, required at least 8 CNAs. -04/22/23 had 5.75 CNAs for 108 residents on the day shift, required at least 13 CNAs. -04/22/23 had 10 total staff for 108 residents on the evening shift, required at least 11 total staff. -04/22/23 had 6.25 total staff for 108 residents on the overnight shift, required at least 8 total staff. 3. For the 2 weeks of staffing prior to the Standard survey from 01/14/2024 to 01/27/2024, the facility was deficient in CNA staffing for residents on 14 of 14 day shifts and deficient in CNAs to total staff on 2 of 14 evening shifts as follows: -01/14/24 had 11.75 CNAs for 128 residents on the day shift, required at least 16 CNAs. -01/15/24 had 10 CNAs for 128 residents on the day shift, required at least 16 CNAs. -01/15/24 had 8.75 CNAs to 17.5 total staff on the evening shift, required at least 9 CNAs. -01/16/24 had 7.25 CNAs for 128 residents on the day shift, required at least 16 CNAs. -01/17/24 had 8.75 CNAs for 128 residents on the day shift, required at least 16 CNAs. -01/18/24 had 12 CNAs for 134 residents on the day shift, required at least 17 CNAs. -01/19/24 had 10.5 CNAs for 134 residents on the day shift, required at least 17 CNAs.	F 725			

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F 725	<p>Continued From page 36</p> <p>-01/20/24 had 11.5 CNAs for 134 residents on the day shift, required at least 17 CNAs.</p> <p>-01/21/24 had 11.5 CNAs for 137 residents on the day shift, required at least 17 CNAs.</p> <p>-01/22/24 had 11.5 CNAs for 137 residents on the day shift, required at least 17 CNAs.</p> <p>-01/23/24 had 11.25 CNAs for 137 residents on the day shift, required at least 17 CNAs.</p> <p>-01/24/24 had 10 CNAs for 135 residents on the day shift, required at least 17 CNAs.</p> <p>-01/25/24 had 9.5 CNAs for 135 residents on the day shift, required at least 17 CNAs.</p> <p>-01/25/24 had 8.5 CNAs to 17.25 total staff on the evening shift, required at least 9 CNAs.</p> <p>-01/26/24 had 10 CNAs for 135 residents on the day shift, required at least 17 CNAs.</p> <p>-01/27/24 had 14.5 CNAs for 135 residents on the day shift, required at least 17 CNAs.</p> <p>During the Entrance Conference with the surveyor on 1/30/24 at 10:00 AM, the Administrator and Regional Director of Clinical Services stated that the facility is short staffed and that they were aware of the likelihood of being cited for deficient staffing.</p> <p>The surveyor toured the ground floor unit on 01/30/24 at 11:40 AM. A CNA stated to the surveyor that the facility is short staffed. She stated that staff has a hard time being able to get their work done and staff is concerned about this. The CNA stated that the facility administration is aware of the staffing storage.</p> <p>On 02/02/24 at 10:30 AM, a resident (Resident #1) who was attending the Resident Council Group Meeting stated to the surveyor that they did not get a shower for several weeks. The resident was given bed baths instead, but</p>	F 725			

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F 725	<p>Continued From page 37</p> <p>preferred to receive a shower. Another resident (Resident #2) attending the Group Meeting stated that getting a shower depends on which CNA is working. The resident stated when the regular CNA is off, showers are not given. Resident #1 stated that when their regularly scheduled CNA is off, they do not get their scheduled shower.</p> <p>On 02/02/24 at 10:32 AM, 5 of 6 residents at the Group Meeting stated call bell response can be slow on all shifts. Resident #2 stated there were too many call outs or no shows and those CNAs are not replaced. Resident #2 stated that the nurses try help the CNAs, but they are busy also. Resident #3 stated he/she recently used the call bell to get assistance for [redacted]. The resident stated there was a long wait time and as a result became [redacted].</p> <p>On 2/6/2024 at 4:00 p.m., the surveyor informed the Director of Nursing (DON), Administrator and other administrative personnel of the staffing ratio concerns and related interviews with residents and staff.</p> <p>The surveyor reviewed the facility policy for staffing (revised 8/7/23) which was provided by the DON on 2/6/24. The 'purpose' of the policy indicated the facility will ensure that appropriate levels of staffing are scheduled and maintained. The 'process' of the policy indicated the facility will meet or exceed the staffing levels maintained by state and federal staffing.</p> <p>NJAC 8:39-25.1; 25.2(a)(b); 26.1.</p>	F 725			
F 755 SS=E	Pharmacy Srvcs/Procedures/Pharmacist/Records	F 755		3/12/24	

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F 755	Continued From page 38 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- §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 that the facility failed to provide pharmaceutical services in accordance with professional standards by not ensuring a.)	F 755	How any corrective action will be accomplished for those residents found to have been affected by the deficient practice:		

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F 755	Continued From page 39 clarification of a physician's order for the frequency of the application time of a ^{NJ Exec Order 26.4b1} [REDACTED] for one (1) of five (5) residents, (Resident #53), observed during the medication administration observation, b.) vital parameters, blood pressure and heart rate, were obtained just prior to administration of medications that had physician's orders that based the results of the parameters on whether to administer the medications for (2) of five (5) residents, (Resident #53 and #113), observed during medication administration observation and c.) accurate documentation on the electronic medication administration records for four (4) of five (5) residents, (Resident #53, #84, #99 and #182), during the medication administration observation for two (2) of two (2) nurses observed during the medication administration observation. 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 registered professional nurse is defined as diagnosing and treating human responses to actual and potential physical and emotional health problems, through such services as case finding, health teaching, health counseling, and provision of care supportive to or restorative of life and wellbeing, and executing medical regimens as prescribed by a licensed or otherwise legally authorized physician or dentist." 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	F 755	Orders were reviewed for Residents #53, #113, #84, #99 and #182 by provider and clarified the physician orders immediately on ^{NJ Exec Order} [REDACTED] for compliance with pharmaceutical services in accordance with professional standards. How the facility will identify other residents having the potential to be affected by the same deficient practice: All residents have the potential of being affected by the deficient practice. What measures will be put in place or systemic changes made to ensure that the deficient practice will not recur: All Licensed nurses were re-educated on Medication Administration to meet professional standards of care on 2/3/24. How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not reoccur: Weekly audits x 3 weeks then monthly x2 months will be completed by the ADON/Nurse Educator to ensure pharmaceutical services are provided in	

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F 755	<p>Continued From page 40</p> <p>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>The deficient practices were evidenced by the following:</p> <p>1. On 2/1/24 at 10:20 AM, during the medication administration observation, the surveyor observed the Registered Nurse (RN) administer a NJ Exec Order 26.4b1 Resident #53 and attempted to administer another NJ Exec Order 26.4b1 to the resident's NJ Exec Order 26.4b1.</p> <p>At that time, the resident stated to the RN that he/she had not wanted the NJ Exec Order 26.4b1. The RN complied with the resident's request and had not applied the NJ Exec Order 26.4b1.</p> <p>In addition, there was no observation of a NJ Exec Order 26.4b1 being removed from either the NJ Exec Order 26.4b1 or NJ Exec Order 26.4b1.</p> <p>On 2/1/24 at 10:26 AM, the surveyor interviewed the RN who stated that she worked NJ Exec. Order 26:4.b.1 but had worked in the facility frequently and was familiar with the resident's that had medications in that cart. The RN electronically signed for the administration of the NJ Exec Order 26.4b1 in the electronic medication administration record (EMAR) and stated that the resident refused the NJ Exec Order 26.4b1 to</p>	F 755	<p>accordance with professional standards: accuracy of orders for frequency of the patch application time, vital signs obtained prior to administration of meds with parameters and accurate documentation in the MAR. The results of these audits will be reviewed and discussed in the Monthly QAPI Meeting until substantial compliance is achieved.</p>		

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F 755	<p>Continued From page 41</p> <p>the [redacted] NJ Exec Order 26.4b1. The RN also stated that the removal of [redacted] NJ Exec Order 26.4b1 was signed separately from the application of the [redacted] NJ Exec Order 26.4b1 in the EMAR.</p> <p>The surveyor reviewed the medical record for Resident #53.</p> <p>A review of the Medication Review Report (MRR) revealed a physician's order (PO) with a start date of [redacted] NJ Exec Order 26.4b1 for [redacted] NJ Exec Order 26.4b1 one time a day for [redacted] NJ Exec Order 26.4b1 and remove per schedule." In addition, a PO with a start date for [redacted] NJ Exec Order 26.4b1, Apply to [redacted] NJ Exec Order 26.4b1 one time a day for [redacted] NJ Exec Order 26.4b1 and remove per schedule."</p> <p>A review of the EMAR revealed the above PO for the [redacted] NJ Exec Order 26.4b1 with an electronic signature for removal of both [redacted] NJ Exec Order 26.4b1 at a time of 8:59 AM. In addition, the EMAR reflected that the [redacted] NJ Exec Order 26.4b1 was applied to the [redacted] NJ Exec Order 26.4b1 at 9:00 AM on [redacted] NJ Exec Order 26.4b1.</p> <p>The surveyor observation was inconsistent with the EMAR documentation that both [redacted] NJ Exec Order 26.4b1 were removed at 8:59 AM and that the [redacted] NJ Exec Order 26.4b1 was applied to the [redacted] NJ Exec Order 26.4b1 on [redacted] NJ Exec Order 26.4b1.</p> <p>On 2/2/24 at 9:14 AM, the surveyor interviewed the Consultant Pharmacist (CP) via the telephone who stated that a [redacted] NJ Exec Order 26.4b1 was to be applied for a maximum of [redacted] NJ Exec Order 26.4b1 and that the PO should indicate the number of hours for application. The CP added that usually the EMAR would indicate the time of removal and the time of application separately for the nurses to sign. In</p>	F 755			

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F 755	<p>Continued From page 42</p> <p>addition, the CP stated that the EMAR should be indicative of the administration of the medications such as the time of administration, whether the medication was refused or held.</p> <p>Further review of the MRR and the EMAR revealed that there was no indication in the PO as to the number of hours that the [NJ Exec Order 26.4b1] was to be applied for.</p> <p>On 2/2/24 at 1:21 PM, the survey team met with the Director of Nursing (DON) and the Regional Director of Clinical Services. The surveyor reviewed the concerns of the medication administration observation.</p> <p>On 2/5/24 at 9:34 AM, the survey team met with the Administrative team. The DON stated that the [NJ Exec Order 26.4b1] PO to the [NJ Exec Order 26.4b1] for Resident #53 had been discontinued because the resident no longer wanted the [NJ Exec Order 26.4b1] to be applied to the [NJ Exec Order 26.4b1]. In addition, the DON acknowledged that the [NJ Exec Order 26.4b1] POs should have been clarified to indicate the number of hours for the application. The DON then stated that the [NJ Exec Order 26.4b1] PO to the [NJ Exec Order 26.4b1] for the resident had been clarified for an application time and a removal time. The DON added that the RN was nervous and should have signed the EMAR for a refusal of the [NJ Exec Order 26.4b1] to the [NJ Exec Order 26.4b1].</p> <p>2. On 2/1/24 at 9:57 AM, the surveyor observed the RN preparing to administer medications which included a [NJ Exec Order 26.4b1] and [NJ Exec Order 26.4b1] to Resident #113. The RN stated that</p>	F 755			

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F 755	<p>Continued From page 43</p> <p>according to the PO, the [redacted] NJ Exec Order 26.4b1 was to be held if the NJ Exec Order 26.4b1 [redacted] and the [redacted] NJ Exec Order 26.4b1 was to be held if the NJ Exec Order 26.4b1 [redacted] and/or the [redacted] NJ Exec Order 26.4b1 [redacted]. The surveyor observed the RN refer to a paper and the RN stated that the resident's [redacted] NJ Exec Order 26.4b1 and the [redacted] NJ Exec Order 26.4b1 was [redacted] so she was allowed to administer the medications.</p> <p>The surveyor had not observed the RN obtain a [redacted] NJ Exec Order 26.4b1 or [redacted] NJ Exec Order 26.4b1 from Resident #113.</p> <p>On 2/1/24 at 10:26 AM, the surveyor interviewed the RN who stated that she had written the vital signs that she had obtained for her residents on a paper that she was referring to. The RN then stated that she had taken the vital signs when she had done her rounds in the morning after report which was approximately 7:20 AM to 7:30 AM.</p> <p>On 2/2/24 at 9:14 AM, the surveyor interviewed the CP via the telephone who stated that vital signs such as a [redacted] NJ Exec Order 26.4b1 or [redacted] NJ Exec Order 26.4b1 should be taken just prior or close to the administration of a medication when a PO indicated to hold a medication based on the results of the vital signs.</p> <p>On 2/2/24 at 1:21 PM, the survey team met with the DON and the Regional Director of Clinical Services. The surveyor reviewed the concerns of the medication administration observation.</p> <p>On 2/5/24 at 9:34 AM, the survey team met with the Administrative team. The DON acknowledged that the nurses should obtain vital signs such as a [redacted] NJ Exec Order 26.4b1 and [redacted] NJ Exec Order 26.4b1 for a PO with specific hold parameters just prior to the administration of the medication.</p>	F 755		

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F 755	Continued From page 44 3. On 2/1/24 at 10:04 AM, the surveyor observed the RN preparing to administer medications which included a NJ Exec Order 26.4b1 [redacted] and NJ Exec Order 26.4b1 [redacted] to Resident #53. The RN stated that both the medications had PO to hold the medications if the NJ Exec Order 26.4b1 [redacted]. The surveyor observed the RN refer to a paper and the RN stated that the resident's NJ Exec O [redacted] so she was allowed to administer the medications. The surveyor had not observed the RN obtain a NJ EX [redacted] from Resident #53. On 2/1/24 at 10:26 AM, the surveyor interviewed the RN who stated that she had written the vital signs for her residents on a paper that she was referring to. The RN then stated that she had taken the vital signs when she had done her rounds in the morning after report which was approximately 7:20 AM to 7:30 AM. On 2/2/24 at 9:14 AM, the surveyor interviewed the CP via the telephone who stated that vital signs such as NJ EX [redacted] or NJ EX [redacted] should be taken just prior or close to the administration of a medication when a PO indicated to hold a medication based on the results of the vital signs. On 2/2/24 at 1:21 PM, the survey team met with the DON and the Regional Director of Clinical Services. The surveyor reviewed the concerns of the medication administration observation. On 2/5/24 at 9:34 AM, the survey team met with the Administrative team. The DON acknowledged	F 755			

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F 755	<p>Continued From page 45</p> <p>that the nurses should obtain vital signs such as a [REDACTED] and [REDACTED] for a PO with specific hold parameters just prior to the administration of the medication.</p> <p>4. On 2/1/24 at 8:40 AM, during the medication administration observation, the surveyor observed the Licensed Practical Nurse (LPN) preparing to administer medications to Resident #99 which included a NJ Exec Order 26.4b1 [REDACTED]</p> <p>At that time, the LPN stated that the PO for the [REDACTED] was highlighted in red on the EMAR because the time of administration was designated as due at 7:30 AM and the red highlight meant the time of administration was out of the timeframe of one hour before and/or one hour after the administration time. The LPN added that the PO indicated to administer the [REDACTED] before a meal and the breakfast had not been delivered yet, so she was able to administer the [REDACTED].</p> <p>On 2/1/24 at 8:52 AM, the surveyor observed the LPN administer the [REDACTED] to Resident #99.</p> <p>The surveyor reviewed the medical record for Resident #99.</p> <p>A review of the EMAR revealed a PO with a start date of [REDACTED] for "NJ Exec Order 26.4b1 [REDACTED], Give 1 tablet by mouth before meals for [REDACTED]." The EMAR also reflected that the LPN signed an administration time of 7:30 AM for [REDACTED].</p>	F 755			

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F 755	<p>Continued From page 46</p> <p>The surveyor observation was inconsistent with the EMAR documentation that [redacted] was administered at 7:30 AM on [redacted].</p> <p>On 2/2/24 at 9:14 AM, the surveyor interviewed the CP via the telephone who stated that the EMAR should be indicative of the administration of the medications such as the time of administration, whether the medication was refused or held.</p> <p>On 2/2/24 at 1:21 PM, the survey team met with the DON and the Regional Director of Clinical Services. The surveyor reviewed the concerns of the medication administration observation.</p> <p>On 2/5/24 at 9:34 AM, the survey team met with the Administrative team. The DON acknowledged that the EMAR documentation should reflect accurately the time of administration.</p> <p>5. On 2/1/24 at 10:04 AM, during the medication administration observation, the surveyor observed the RN preparing to administer medications to Resident #53. The RN stated that [redacted] was due for administration but was unable to find the resident's [redacted] in the medication cart.</p> <p>At that time, the surveyor observed the RN tell the Unit Manager (UM)/Licensed Practical Nurse (LPN) that there was no supply of [redacted] for the resident.</p> <p>On 2/1/24/at 10:20 AM, the surveyor observed the RN administer medications to Resident #53. There was no observation that the [redacted]</p>	F 755			

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F 755	<p>Continued From page 47</p> <p>MG was administered.</p> <p>On 2/1/24 at 10:27 AM, the surveyor observed the UM/LPN explain to the RN that the Nurse Practitioner was writing a PO to hold the [redacted] morning dose and that the [redacted] would be administered in the afternoon when the medication was received from the pharmacy provider.</p> <p>The surveyor reviewed the medical record for Resident #53.</p> <p>A review of the MRR revealed a PO with a start date of [redacted] and a discontinue date of [redacted] for "NJ Exec Order 26.4b1 [redacted], Give 1 tablet by mouth one time a day for [redacted] hold if [redacted] or NJ Exec Order 26.4b1 [redacted]"</p> <p>A review of the EMAR revealed the above PO with an electronic signature for the RN indicating that the [redacted] was administered at 9:00 AM on [redacted].</p> <p>Further review of the MRR and EMAR revealed a PO with a start date of [redacted] for [redacted], Give 1 tablet by mouth one time a day for [redacted] hold if [redacted] or NJ Exec Order 26.4b1 [redacted]. The EMAR revealed that the [redacted] was electronically signed as administered at 5:00 PM on [redacted].</p> <p>The surveyor observation was inconsistent with the EMAR documentation that the [redacted] was administered at 9:00 AM on [redacted].</p> <p>On 2/2/24 at 9:14 AM, the surveyor interviewed</p>	F 755		

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F 755	<p>Continued From page 48</p> <p>the CP via the telephone who stated that the EMAR should be indicative of the administration of the medications such as the time of administration, whether the medication was refused or held.</p> <p>On 2/2/24 at 1:21 PM, the survey team met with the DON and the Regional Director of Clinical Services. The surveyor reviewed the concerns of the medication administration observation.</p> <p>On 2/5/24 at 9:34 AM, the survey team met with the Administrative team. The DON acknowledged that the RN should not have signed that the [redacted] was administered at 9AM and indicate the medication was held. The DON stated that the RN was nervous and should have signed the EMAR accurately.</p> <p>6. On 2/1/24 at 9:18 AM, the surveyor observed the RN preparing to administer medications to Resident #182. The RN stated that according to the EMAR there was a PO for [redacted] which was a house stock medication, meaning that the facility provided the medication because [redacted] was an over-the-counter medication. The RN then stated that she was unable to find a house stock bottle of [redacted] in the medication cart.</p> <p>On 2/1/24 at 9:28 AM, the surveyor observed the RN tell the UM/LPN that she was unable to locate a house stock bottle of [redacted].</p> <p>On 2/1/24 at 9:47 AM, the surveyor observed the UM/LPN tell the RN that she was still looking for the [redacted] but might have to get a PO to</p>	F 755			

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F 755	<p>Continued From page 49</p> <p>administer one tablet of [redacted] and one tablet of [redacted] which are the ingredients of [redacted].</p> <p>On 2/1/24 at 9:54 AM, the surveyor observed the UM/LPN tell the RN that she found the [redacted] and gave the RN a house stock bottle of [redacted] tablets.</p> <p>On 2/1/24 at 9:56 AM, the surveyor observed the RN administer one tablet of [redacted] to Resident #182.</p> <p>Upon returning to the medication cart, the RN stated that she was unable to sign the EMAR electronically for the administration possibly because the UM/LPN was changing the PO. The RN stated that the PO would be fixed, and she would sign for the administration of the [redacted].</p> <p>The surveyor reviewed the medical record for Resident #182.</p> <p>A review of the EMAR revealed a PO for [redacted] with a start date of [redacted] and a time of administration for 9:00 AM and a Hold Date of [redacted] with a time of entry for 9:50 AM to continue until [redacted] with a time of 9:22 AM. There was a blank space meaning that there was no electronic signature that the [redacted] had been administered on [redacted] at 9:00 AM.</p> <p>The EMAR documentation was inconsistent with the surveyor observation that the [redacted] was administered at 9:00 AM on [redacted].</p> <p>On 2/2/24 at 9:14 AM, the surveyor interviewed the CP via the telephone who stated that the EMAR should be indicative of the administration</p>	F 755			

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F 755	<p>Continued From page 50 of the medications such as the time of administration, whether the medication was refused or held.</p> <p>On 2/2/24 at 1:21 PM, the survey team met with the DON and the Regional Director of Clinical Services. The surveyor reviewed the concerns of the medication administration observation.</p> <p>On 2/5/24 at 9:34 AM, the survey team met with the Administrative team. The DON stated that the RN was nervous and should have signed the EMAR accurately.</p> <p>7. On 2/1/24 at 8:58 AM, the surveyor observed the LPN preparing to administer medications to Resident #84. The LPN stated that the resident had a PO for [redacted] but she had to wait until the resident ate breakfast before administering the [redacted] according to the PO that based whether to administer the [redacted] on the resident's meal consumption.</p> <p>The surveyor had not observed the [redacted] administration at that time because the resident's breakfast had not arrived.</p> <p>The surveyor reviewed the medical record for Resident #84.</p> <p>A review of the EMAR for Resident #84 revealed a PO with a start date of [redacted] for [redacted].</p> <p>[redacted]</p> <p>The time of administration for the [redacted] was 7:30 AM. The EMAR further revealed that the LPN had held the [redacted] and signed</p>	F 755			

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F 755	<p>Continued From page 51 for the time of 7:30 AM on 2/1/24.</p> <p>The time of the surveyor's observation was inconsistent with the EMAR documentation of the LPN's signature of holding the [NJ Exec Order 26.4b] at 7:30 AM on [NJ Exec Order 26.4b].</p> <p>On 2/2/24 at 9:14 AM, the surveyor interviewed the CP via the telephone who stated that the EMAR should be indicative of the administration of the medications such as the time of administration, whether the medication was refused or held. The CP acknowledged that the [NJ Exec Order 26.4b] POs that based the dose or administration after the meal consumption and had a 7:30 AM time of administration was not indicative of the actual time of administration and would have to review.</p> <p>On 2/2/24 at 1:21 PM, the survey team met with the DON and the Regional Director of Clinical Services. The surveyor reviewed the concerns of the medication administration observation.</p> <p>On 2/5/24 at 9:34 AM, the survey team met with the Administrative team. The DON acknowledged that the EMAR should reflect the time of administration. The DON stated that the times of administration for [NJ Exec Order 26.4b] administration that had a PO based on the resident's meal consumption had to be changed.</p> <p>8. On 2/1/24 at 9:18 AM, during the medication administration observation, the surveyor observed the RN preparing to administer medications which included an [NJ Exec Order 26.4b1] to Resident #182. The RN stated that the [NJ Exec Order 26.4b1] was a [NJ Exec Order 26.4b1] and that she had to wait until she spoke with the resident</p>	F 755			

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F 755	<p>Continued From page 52</p> <p>because the PO on the EMAR indicated two different doses dependent on the resident's meal consumption.</p> <p>On 2/1/24 at 9:35 AM, the surveyor observed the RN obtaining [redacted] results from Resident #182. The resident stated that he/she had eaten his/her breakfast. The RN then [redacted] and [redacted] the resident's [redacted].</p> <p>The surveyor reviewed the medical record for Resident #182.</p> <p>A review of the EMAR revealed a PO with a start date of [redacted] for [redacted] for NJ Exec Order 26.4b1 [redacted].</p> <p>Further review of the EMAR revealed that the time of administration for the [redacted] was 7:30 AM and the EMAR was signed by the RN as administered at 7:30 AM on [redacted].</p> <p>The surveyor observation was inconsistent with the EMAR documentation for the time of administration of 7:30 AM for the [redacted] on [redacted].</p> <p>On 2/2/24 at 9:14 AM, the surveyor interviewed the CP via the telephone who stated that the EMAR should be indicative of the administration of the medications such as the time of administration, whether the medication was refused or held. The CP acknowledged that the [redacted] POs that based the dose or administration after the meal consumption and had a 7:30 AM time of administration was not indicative of the</p>	F 755			

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NAME OF PROVIDER OR SUPPLIER LOPATCONG CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 390 RED SCHOOL LANE PHILLIPSBURG, NJ 08865		
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F 755	Continued From page 53 actual time of administration and would have to review. On 2/2/24 at 1:21 PM, the survey team met with the Director of Nursing (DON) and the Regional Director of Clinical Services. The surveyor reviewed the concerns of the medication administration observation. On 2/5/24 at 9:34 AM, the survey team met with the Administrative team. The DON acknowledged that the EMAR should reflect the time of administration. The DON stated that the times of administration for [REDACTED] administration that had a PO based on the resident's meal consumption had to be changed. A review of the current facility policy for General Dose Preparation and Medication Administration with a revision date of 1/1/22 provided by the DON which reflected to "Verify each time a medication is administered that it is the correct medication, at the correct dose, at the correct route, at the correct rate, at the correct time, for the correct resident, as set forth in the facility's medication administration schedule." In addition, "If necessary, obtain vital signs." Also, "Administer medications within timeframes specified by Facility policy or manufacturer's information."	F 755			
F 756 SS=E	NJAC 8:39-11.2(b), 29.2 (a)(d), 29.3(5) Drug Regimen Review, Report Irregular, Act On CFR(s): 483.45(c)(1)(2)(4)(5) §483.45(c) Drug Regimen Review. §483.45(c)(1) The drug regimen of each resident	F 756		3/12/24	

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F 756	<p>Continued From page 54</p> <p>must be reviewed at least once a month by a licensed pharmacist.</p> <p>§483.45(c)(2) This review must include a review of the resident's medical chart.</p> <p>§483.45(c)(4) The pharmacist must report any irregularities to the attending physician and the facility's medical director and director of nursing, and these reports must be acted upon.</p> <p>(i) Irregularities include, but are not limited to, any drug that meets the criteria set forth in paragraph (d) of this section for an unnecessary drug.</p> <p>(ii) Any irregularities noted by the pharmacist during this review must be documented on a separate, written report that is sent to the attending physician and the facility's medical director and director of nursing and lists, at a minimum, the resident's name, the relevant drug, and the irregularity the pharmacist identified.</p> <p>(iii) The attending physician must document in the resident's medical record that the identified irregularity has been reviewed and what, if any, action has been taken to address it. If there is to be no change in the medication, the attending physician should document his or her rationale in the resident's medical record.</p> <p>§483.45(c)(5) The facility must develop and maintain policies and procedures for the monthly drug regimen review that include, but are not limited to, time frames for the different steps in the process and steps the pharmacist must take when he or she identifies an irregularity that requires urgent action to protect the resident. This REQUIREMENT is not met as evidenced by: Based on interview, observation and record review, it was determined that the Consultant</p>	F 756	How any corrective action will be accomplished for those residents found to		

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F 756	<p>Continued From page 55</p> <p>Pharmacist (CP) failed to report irregularities found in the medical records to the facility. This deficient practice was observed for the following residents:</p> <p>1. On 2/2/24 at 11:15 AM, the surveyor reviewed the electronic medication administration records (eMAR) of Resident #74. Resident #74 was admitted to the facility on [redacted] with diagnoses that included NJ Exec Order 26.4b1 [redacted]</p> <p>[redacted]</p> <p>The surveyor reviewed the [redacted] NJ Exec Order 26.4b1 eMAR and the current Physician's Order sheet which reflected an order for [redacted] NJ Exec Order 26.4b1 [redacted] give one (1) tablet three (3) times a day for NJ Exec Order 26.4b1 [redacted] with a starting date of [redacted] NJ Exec Order 26.4b1. Review of the medication administration times reflected that the medication was to be administered at 10:00 PM. Further review of the [redacted] NJ Exec Order 26.4b1 and [redacted] NJ Exec Order 26.4b1 eMAR reflected an order for NJ Exec Order 26.4b1 [redacted] give one (1) tablet three (3) times a day hold for NJ Exec Order 26.4b1 [redacted] with a starting date of [redacted] NJ Exec Order 26.4b1 and medication administration times of 6:00 AM, 2:00 PM, and 10:00 PM.</p> <p>The surveyor reviewed the medication information documentation for [redacted] NJ Exec Order 26.4b1. The section, "Dosage and Administration" reflects "In order to reduce the potential for [redacted] NJ Exec Order 26.4b1 during sleep, [redacted] NJ Exec Order 26.4b1 tablets should not be given after the evening meal or less than 4 hours before</p>	F 756	<p>have been affected by the deficient practice:</p> <p>Residents # 74 and # 111 had their physician orders reviewed by the provider for the irregularities with the administration of the drugs as cited and clarification orders were obtained [redacted] NJ Exec Order 26.4b1.</p> <p>How the facility will identify other residents having the potential to be affected by the same deficient practice:</p> <p>All residents have the potential to be affected by this deficient practice.</p> <p>What measures will be put in place or systemic changes made to ensure that the deficient practice will not recur:</p> <p>The Pharmacy Consultant will review each resident's medical chart and medication regime monthly and report any irregularities to the Attending physician, the Medical Director and Director of Nursing and these reports must be acted upon. This will be an ongoing process.</p> <p>On 2/3/24 all licensed nurses were re-educated on medications that should be separated to prevent any medication interactions. A handout was provided for each med cart.</p>	

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F 756	<p>Continued From page 56 bedtime."</p> <p>On 2/5/23 at 11:59 AM, the surveyor interviewed the CP by phone. The CP stated that the last dose of [redacted] should not be scheduled or given after 5pm. The CP stated that if such an order was reviewed that they would comment in the record and send that comment to the facility for action.</p> <p>On 2/6/23 at 10:40 AM, the surveyor reviewed the CP comments in the electronic medical record for Resident #74 and the CP reports that were sent to the facility for the months of [redacted] [redacted] and [redacted]. Review of the electronic medical records and the CP reports did not reflect a comment of any irregularity with the [redacted] being given at 10:00 PM for Resident #74.</p> <p>REFER to F759</p> <p>2. On 2/1/24 at 9:45 AM, during the medication administration observation, the surveyor observed the Registered Nurse (RN) preparing to administer medications to Resident #111. The RN removed one tablet of [redacted] and one tablet of [redacted] from bottles stored in the medication cart that had no resident name on the label. The RN stated that both medications were considered house stock meaning that the facility provided these medications because they were over the counter medications and the bottles were used for any resident that had a PO for that medication.</p>	F 756	<p>How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur:</p> <p>Monthly reviews will be completed by the Pharmacy Consultant and reported to the Attending Physician, Medical Director and Director of Nursing. This will be an ongoing process. Results of the findings will be discussed in the Monthly QAPI Meeting until substantial compliance is achieved.</p>		

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F 756	<p>Continued From page 57</p> <p>At that time, the RN stated that she was familiar with the residents that received medications from this medication cart. The RN added that there were no cautionary statements on the electronic medication administration record (EMAR) and that the medications were able to be administered together.</p> <p>On 2/1/24 at 9:52 AM, the surveyor observed the RN administer the [redacted] and [redacted] tablets to Resident #111.</p> <p>The surveyor reviewed the medical record for Resident #111.</p> <p>A review of the Medication Review Report revealed a physician's order (PO) with a start date of [redacted] for NJ Exec Order 26.4b1, Give 1 tablet by mouth one time a day for [redacted] NJ Exec Order 26.4b1" In addition, a PO with a start date of [redacted] for NJ Exec Order 26.4b1 Give 1 tablet by mouth two times a day for NJ Exec Order 26.4b1."</p> <p>A review of the EMAR reflected the above PO with both the [redacted] and [redacted] of administration indicated for 9:00 AM.</p> <p>On 2/2/24 at 9:14 AM, the surveyor interviewed the Consultant Pharmacist (CP) via the telephone who stated that she had not provided the facility with any handouts regarding medications that should be separated and had not performed any medication administration observations. The CP added that she thought the EMAR would not have cautionary statements and that the cautionary statements were on the label from the provider pharmacy. The CP added that she would make</p>	F 756			

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F 756	<p>Continued From page 58</p> <p>recommendations to separate medications if she saw the medications with the same time of administration. The CP also stated that she was unsure of an interaction with [redacted] and [redacted] and would have to check.</p> <p>On 2/2/24 at 11:16 AM, the surveyor interviewed the Unit Manager (UM)/Licensed Practical Nurse (LPN) who stated that the EMAR had no cautionary statements and thought the CP usually made recommendations regarding medications that she would change on the EMAR. The UM/LPN was unsure if [redacted] and [redacted] had to be separated but thought the CP would have made the recommendation.</p> <p>A review of the Consultant Pharmacist's Medication Regimen Review: Listing of Resident's Reviewed with No Recommendations form that was prepared by the CP and dated [redacted] revealed that a medication regimen review was performed by the CP for Resident #111 during the CP's visit and had not required any recommendations. There was no recommendation made by the CP regarding separating the [redacted] and [redacted] that had the same time of administration.</p> <p>On 2/2/24 at 1:21 PM, the survey team met with the Director of Nursing (DON) and the Regional Clinical Nurse. The surveyor reviewed the results of the medication administration observation. The DON stated that she was unsure if there was a handout provided to the nurses regarding which medications should be separated.</p> <p>On 2/5/24 at 12:01 PM, the surveyor interviewed the CP via the telephone who stated that [redacted] and [redacted] should be separated and not</p>	F 756			

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F 756	Continued From page 59 administered together. A review of the manufacturer's specifications for Iron Supplement reflected "Precautions: Do not take iron supplements and antacids or calcium supplements at the same time. It is best to space doses of these 2 products 1 to 2 hours apart, to get the full benefit from each medicine or dietary supplement."	F 756			
F 759 SS=E	NJAC 8:39-29.3(a)(1), 29.4(c)(d)(3) Free of Medication Error Rts 5 Prcnt or More CFR(s): 483.45(f)(1) §483.45(f) Medication Errors. The facility must ensure that its- §483.45(f)(1) Medication error rates are not 5 percent or greater; This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, it was determined that the facility failed to ensure that all medications were administered without error of 5% or more. During the medication administration observation on 2/1/24, the surveyor observed two (2) nurses administer medications to five (5) residents. There were 34 opportunities, and five (5) errors were observed which calculated to a medication administration error rate of 14.7%. This deficient practice was identified for three (3) of five (5) residents, (Resident #99, #111 and #182), that were administered medications by two (2) of two (2) nurses that were observed. The deficient practice was evidenced by the	F 759	How any corrective action will be accomplished for those residents found to have been affected by the deficient practice: The 2 nurses involved with medication administration to resident # 99 , #111 and #182 were re-educated on medication administration on 2/3/24. The Lpn had a Medication Administration Observation competency completed on 2/5/24. The Rn had Medication Administration Observation competency on 2/3/24 and 2/4/24.	3/12/24	

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F 759	<p>Continued From page 60 following:</p> <p>1. On 2/1/24 at 8:40 AM, during the medication administration observation, the surveyor observed the Licensed Practical Nurse (LPN) preparing to administer medications to Resident #99 which included a NJ Exec Order 26.4b1 [REDACTED] and a NJ Exec Order 26.4b1 [REDACTED].</p> <p>At that time, the LPN stated that the physician's order (PO) for the NJ Exec Order 26.4b1 was highlighted in red on the electronic medication administration record (EMAR) because the time of administration was designated as due at 7:30 AM and the red highlight meant the time of administration was out of the timeframe of one hour before and/or one hour after the administration time. The LPN added that the PO indicated to administer the NJ Exec Order 26.4b1 before a meal and the breakfast had not been delivered yet, so she was able to administer the NJ Exec Order 26.4b1. The LPN added that the next time of administration for the NJ Exec Order 26.4b1 was 11:30 AM.</p> <p>On 2/1/24 at 8:52 AM, the surveyor observed the LPN administer the NJ Exec Order 26.4b1 to Resident #99.</p> <p>Upon returning to the medication cart, the surveyor interviewed the LPN who was unable to speak to the importance of NJ Exec Order 26.4b1 being administered close to the time of administration. (ERROR #1)</p> <p>On 2/1/24 at 12:02 PM, the surveyor interviewed the Unit Manager (UM)/LPN who stated that 7:30 AM medications were the responsibility of the 7</p>	F 759	<p>How the facility will identify other residents having the potential to be affected by the same deficient practice:</p> <p>All residents have the potential to be affected by this deficient practice.</p> <p>What measures will be put in place or systemic changes made to ensure that the deficient practice will not recur:</p> <p>Medication Administration Observation competencies will be completed by the ADON/Nurse Educator. The Pharmacy Consultant will do med passes. All Nurses were re-educated on General Dose Preparation and Medication Administration, Administering injectables and Policy on Insulin Pens on 2/4//24.</p> <p>How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur:</p> <p>Med Admin competencies will be done weekly x3 nurses per week for 4 weeks and then monthly competencies will be completed through a random selection of nurses x 2 months by the Nurse Educator/ADON. Pharmacy Consultant</p>	

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F 759	<p>Continued From page 61</p> <p>AM to 3 PM nurses to administer. The UM/LPN added that the nurse should go out for a first medication pass to administer any early medications such as the 7:30 AM medications. The UM/LPN was unable to speak to why the LPN had not administered the 7:30 AM [redacted] NJ Exec Order 26.4b1. The UM/LPN also stated that sometimes the per diem nurses do not know who has a 7:30 AM medication.</p> <p>On 2/1/24 at 12:28 PM, the surveyor interviewed the LPN who stated that the 7:30 AM [redacted] NJ Exec Order 26.4b1 was her responsibility to administer but was unaware of which residents had a 7:30 AM medication. The LPN added that she was unfamiliar with the hallway that the medication cart was associated with.</p> <p>The surveyor reviewed the medical record for Resident #99.</p> <p>A review of the resident's Admission Record (AR) revealed diagnoses which included [redacted] NJ Exec Order 26.4b1</p> <p>A review of the annual Minimum Data Set (MDS), an assessment tool used to facilitate the management of care, with an assessment reference date of [redacted] NJ Exec Order 26.4b1, reflected the resident had a brief interview for mental status (BIMS) score of [redacted] NJ Exec Order 26.4b1 out of 15, indicating that the resident had an [redacted] NJ Exec Order 26.4b1.</p> <p>A review of the Medication Review Report (MRR) revealed a PO with a start date of [redacted] NJ Exec Order 26.4b1 for [redacted] NJ Exec Order 26.4b1. Give 1 tablet by mouth before meals for [redacted] NJ Exec Order 26.4b1."</p>	F 759	will do med passes monthly x 2 months and then quarterly. Findings will be reported to the Director of Nursing and these findings will be discussed at the Monthly QAPI Meeting until substantial compliance is achieved.		

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F 759	<p>Continued From page 62</p> <p>A review of the current EMAR revealed the above PO with the times of administration indicated for 7:30 AM, 11:30 AM and 4:30 PM.</p> <p>On 2/2/24 at 9:14 AM, the surveyor interviewed the Consultant Pharmacist (CP) via the telephone. The CP stated that the EMAR should be indicative of the administration time and acknowledged that the time of administration was one hour before or 1 hour after the indicated time of administration.</p> <p>On 2/2/24 at 11:16 AM, the surveyor interviewed the Unit Manager/LPN who stated that the [redacted] for Resident #99 was ordered before meals which would be indicated with a time of administration of 7:30 AM and thought the resident had [redacted] so that was probably why the neurologist wanted the [redacted] early in the morning when the resident was getting up.</p> <p>On 2/2/24 at 1:21 PM, the survey team met with the Director of Nursing (DON) and the Regional Director of Clinical Services. The surveyor reviewed the results of the medication administration observation. The DON acknowledged that [redacted] should be administered as close to the time of administration as possible to benefit the resident's [redacted].</p> <p>On 2/5/24 at 9:34 AM, the survey team met with the Administrative team for responses to concerns identified. The DON stated that she would expect the nurse from the 11 PM to 7 AM shift that had that medication cart to inform any new nurse on the 7 AM to 3 PM shift, who was taking over the medication cart, of any early</p>	F 759			

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F 759	<p>Continued From page 63</p> <p>morning medication that needed to be administered during the shift-to-shift report.</p> <p>On 2/6/24 at 9:40 AM, the surveyor interviewed Resident #99 who stated that the nurses gave him/her whatever medications he/she needed. The resident was unable to speak to what times the medications were administered. The resident was unable to speak to his/her NJ Exec Order 26 medication. The resident stated, "Everything is fine."</p> <p>A review of the current facility policy for "General Dose Preparation and Medication Administration" with a revision date of 1/1/22 provided by the DON reflected "Administer medications within timeframes specified by Facility policy or manufacturer's information."</p> <p>A review of the manufacturer's specifications for Sinemet reflected "Information for patients: The patients should be informed that SINEMET is an immediate release formulation of carbidopa-levodopa that is designed to begin release of ingredients within 30 minutes. It is important that SINEMET be taken at regular intervals according to the schedule outlined by the physician."</p> <p>2. On 2/1/24 at 8:40 AM, during the medication administration observation, the surveyor observed the LPN preparing to administer medications to Resident #99 which included one NJ Exec Order 26.4b1 and one NJ Exec</p> <p>At that time, the LPN stated that the PO for the NJ Exec Order 26.4 was highlighted in red on the EMAR</p>	F 759			

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F 759	<p>Continued From page 64</p> <p>because the time of administration was designated as due at 7:30 AM and the red highlight meant the time of administration was out of the timeframe of one hour before and/or one hour after the administration time. The LPN added that the PO indicated to administer the [redacted] before a meal and the breakfast had not been delivered yet, so she was able to administer the [redacted]. In addition, the LPN added that the [redacted] was highlighted in yellow because yellow meant the medication was due at that time.</p> <p>On 2/1/24 at 8:46 AM, the LPN stated that she was ready to administer the medications, which included the [redacted] and [redacted] tablets, to Resident #99.</p> <p>At that time, the surveyor stopped the LPN from walking into the resident's room to administer the medications. The surveyor, with the LPN, reviewed the EMAR and the label of the [redacted] for cautionary statements. The LPN stated that the EMAR had no cautionary statements. The LPN then reviewed the label on the [redacted] which revealed a cautionary statement " Separate 2 hours from [redacted]-containing products." The LPN then stated that she should not administer the two (2) medications together and called the Unit Manager/LPN to the medication cart. (ERROR #2)</p> <p>On 2/1/24 at 8:50 AM, the surveyor observed the LPN review the [redacted] and [redacted] medications with the UM/LPN who told the LPN to not administer the [redacted] and [redacted] together. The surveyor observed the UM/LPN remove the [redacted] tablet. The UM/LPN stated that she was going to destroy the [redacted] tablet and call the physician to change the time of the [redacted] administration.</p>	F 759			

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F 759	<p>Continued From page 65</p> <p>The surveyor reviewed the medical record for Resident #99.</p> <p>A review of the resident's AR revealed diagnoses which included NJ Exec Order 26.4b1 [REDACTED]</p> <p>A review of the annual MDS with an assessment reference date of NJ Exec Order 26.4b1, reflected the resident had a BIMS score of NJ Exec Order 26.4b1 out of 15, indicating that the resident had an NJ Exec Order 26.4b1.</p> <p>A review of the MRR revealed a PO with a start date of NJ Exec Order 26.4b1 for NJ Exec Order 26.4b1. NJ Exec Order 26.4b1 Give 1 tablet by mouth before meals for NJ Exec Order 26.4b1 and a PO with a start date of NJ Exec Order 26.4b1 for NJ Exec Order 26.4b1 give 1 tablet by mouth one time a day for NJ Exec Order 26.4b1."</p> <p>A review of the current EMAR revealed the above PO with the administration time for NJ Exec Order 26.4b1 at 7:30 AM and the administration time of NJ Exec Order 26.4b1 at 9:00 AM.</p> <p>On 2/2/24 at 9:14 AM, the surveyor interviewed the CP via the telephone who stated that she was unsure if cautionary statements were on the EMAR. The CP added that she thought cautionary statements were on the labels of the medications from the provider pharmacy. The CP also stated that she would make a recommendation to separate NJ Exec Order 26.4b1 from NJ Exec Order 26.4b1 if the medications had the same time of administration.</p> <p>On 2/2/24 at 1:21 PM, the surveyor team met with the DON and the Regional Director of Clinical</p>	F 759			

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F 759	<p>Continued From page 66</p> <p>Services. The surveyor reviewed the results of the medication administration observation. The DON stated that she was unsure if there was a handout provided to the nurses regarding which medications should be separated.</p> <p>On 2/5/24 at 9:34 AM, the survey team met with the Administrative team for responses to identified concerns. The DON stated that the UM/LPN called the physician, and the [REDACTED] was changed to a bedtime dose to be separated from the [REDACTED]. The DON also stated that the nurses would have to electronically add any cautionary statements to the PO and that the cautionary statements were on the labels of the medications from the pharmacy provider. The DON added that she would expect the nurses to follow any cautionary statements.</p> <p>On 2/6/24 at 9:40 AM, the surveyor interviewed Resident #99 who stated that the nurses gave him/her whatever medications he/she needed. The resident was unable to speak to what times the medications were administered. The resident was unable to speak to his/her [REDACTED] medication. The resident stated, "Everything is fine."</p> <p>A review of the current facility policy for "General Dose Preparation and Medication Administration" with a revision date of 1/1/22 provided by the DON reflected "Follow manufacturer medication administration guidelines (e.g., rotating transdermal patch sites, providing medication with fluids or food, shaking medications prior to pouring, rotating injection sites), and"</p> <p>A review of the manufacturer's specifications for Sinemet reflected to avoid taking iron</p>	F 759			

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F 759	<p>Continued From page 67</p> <p>supplements which can make it harder for your body to digest and absorb carbidopa and levodopa. In addition, "Iron salts (such as in multivitamin tablets) may also reduce the amount of levodopa available to the body."</p> <p>3. On 2/1/24 at 9:18 AM, during the medication administration observation, the surveyor observed the Registered Nurse (RN) preparing to administer medications to Resident #182 which included two different [NJ Exec Order 26.4b1].</p> <p>At that time, the RN stated the resident had [NJ Exec Order 26.4b1] which was a [NJ Exec Order 26.4b1] and the dose that was due to be administered according to the EMAR was [NJ Exec Order 26.4b1]. The RN showed the surveyor the [NJ Exec Order 26.4b1] had a dial which she turned to the indicated [NJ Exec Order 26.4b1]. In addition, the RN stated that the [NJ Exec Order 26.4b1] was a [NJ Exec Order 26.4b1] and that she had to wait until she spoke with the resident because the PO on the EMAR indicated two different doses dependent on the resident's meal consumption.</p> <p>On 2/1/24 at 9:35 AM, the surveyor observed the RN obtaining [NJ Exec Order 26.4b1] results from Resident #182. The resident stated that he/she had eaten his/her breakfast. The RN then dialed the [NJ Exec Order 26.4b1] and [NJ Exec Order 26.4b1] the resident's [NJ Exec Order 26.4b1]. Then, the [NJ Exec Order 26.4b1] to the resident's [NJ Exec Order 26.4b1].</p> <p>The surveyor had not observed the RN prime either of the two different [NJ Exec Order 26.4b1]. (ERROR #3 and ERROR #4)</p> <p>On 2/1/24 at 10:36 AM, the surveyor interviewed the RN who stated that she was told that she did not have to prime the [NJ Exec Order 26.4b1]. The RN added</p>	F 759			

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F 759	<p>Continued From page 68</p> <p>that she did not remember an inservice but thought that was how she was trained.</p> <p>On 2/1/24 at 11:58 AM, the surveyor interviewed Resident #182 who stated that he/she was not familiar with the [redacted] and used [redacted] at home.</p> <p>On 2/2/24 at 9:00 AM, the surveyor reviewed a Medication Administration Observation form provided by the DON that was dated [redacted] for the RN and completed by the Assistant Director of Nursing (ADON). The form revealed that the RN had a checkmark for "yes" in the section of [redacted] " that the NJ Exec Order 26.4b1 prior to administration."</p> <p>On 2/2/24 at 9:14 AM, the surveyor interviewed the CP via the telephone who stated that all [redacted] must be primed prior to each administration because if the [redacted] was not primed then there could be bubbles in the [redacted] and that may affect the dose.</p> <p>On 2/2/24 at 11:16 AM, the surveyor interviewed the UM/LPN who stated that she was unsure if there was an inservice on the NJ Exec Order 26.4b1 technique but knew that the [redacted] had to be primed prior to each dose.</p> <p>On 2/2/24 at 12:24 PM, the surveyor interviewed the ADON who stated that she had performed a med pass with the RN on [redacted] when the RN had started working at the facility. The ADON stated that she specifically goes over the [redacted] administration technique because prior there were only [redacted] and now there were [redacted] used to administer [redacted]. The ADON added that she wrote in the instructions "Prime [redacted] with [redacted]"</p>	F 759			

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F 759	<p>Continued From page 69</p> <p>NJ Exec O prior to administration" on all the Medication Administration Observation forms to review with all the nurses during her medication observation.</p> <p>The surveyor reviewed the medical record for Resident #182.</p> <p>A review of the resident's AR revealed diagnoses which included NJ Exec Order 26.4b1.</p> <p>A review of the admission MDS with an assessment reference date of NJ Exec Order 26.4b1 reflected the resident had a BIMS score of NJ L out of 15, indicating that the resident had an NJ Exec Or.</p> <p>A review of the MRR revealed a PO with a start date of NJ Exec Order 21 for NJ Exec Order 26.4b1.</p> <p>NJ Exec Order 21 hold if meal intake less than NJ Exec Order 26.4b1. See other order if meal intake NJ Exec Order 26.4b1. In addition, a PO dated NJ Exec Order 21 for NJ Exec Order 26.4b1 one time a day for NJ Exec Or.</p> <p>A review of the current EMAR reflected the above PO.</p> <p>On 2/5/24 at 9:34 AM, the survey team met with the Administrative team. The DON stated that the RN was inserviced again on the proper technique for NJ Exec Order administration with a NJ Exec Order 26.4b1 which included priming the NJ Exec Order 26.4b1 with NJ Exec Order prior to each administration.</p> <p>A review of the current facility policy "Insulin Pens" with a revision date of 2/28/21 provided by</p>	F 759			

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F 759	<p>Continued From page 70</p> <p>the DON revealed that "Insulin pens are to be primed prior to each use to prevent the collection of air in the insulin reservoir."</p> <p>A review of the manufacturer's specifications for insulin pen injectors reflected that a "safety test" be done prior to each injection which involved dialing two (2) units and pointing the insulin injector pen towards the ceiling and pressing the button to visualize insulin solution coming out of the needle tip to ensure that the pen is working correctly.</p> <p>4. REFER to 756</p> <p>On 2/1/24 at 9:45 AM, during the medication administration observation, the surveyor observed the RN preparing to administer medications to Resident #111. The RN removed one tablet of NJ Exec Order 26.4b1 and one tablet of NJ Exec Order 26.4b1 from bottles stored in the medication cart that had no resident name on the label. The RN stated that both medications were considered house stock meaning that the facility provided these medications because they were over the counter medications and the bottles were used for any resident that had a PO for that medication.</p> <p>At that time, the RN stated that she was familiar with the residents that received medications from this medication cart. The RN added that there were no cautionary statements on the EMAR and that the medications were able to be administered together.</p> <p>On 2/1/24 at 9:52 AM, the surveyor observed the RN administer the NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1 tablets to Resident #111. (ERROR #5)</p>	F 759			

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F 759	<p>Continued From page 71</p> <p>The surveyor reviewed the medical record for Resident #111.</p> <p>A review of the resident's AR revealed diagnoses which included NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1.</p> <p>A review of the MRR revealed a PO with a start date of NJ Exec Order 26.4b1 for NJ Exec Order 26.4b1, Give 1 tablet by mouth one time a day for NJ Exec Order 26.4b1." In addition, a PO with a start date of NJ Exec Order 26.4b1 for NJ Exec Order 26.4b1, Give 1 tablet by mouth two times a day for NJ Exec Order 26.4b1."</p> <p>A review of the EMAR reflected the above PO with both the NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1 time of administration for 9:00 AM.</p> <p>On 2/2/24 at 9:14 AM, the surveyor interviewed the CP via the telephone who stated that she had not provided the facility with any handouts regarding medications that should be separated and had not performed any medication administration observations. The CP added that she thought the EMAR would not have cautionary statements and that the cautionary statements were on the label from the provider pharmacy. The CP added that she would make recommendations to separate medications if she saw the medications with the same time of administration. The CP also stated that she was unsure of an interaction with NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1 and would have to check.</p> <p>On 2/2/24 at 1:21 PM, the survey team met with the DON and the Regional Director of Clinical Services. The surveyor reviewed the results of the medication administration observation. The</p>	F 759			

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F 759	Continued From page 72 DON stated that she was unsure if there was a handout provided to the nurses regarding which medications should be separated. On 2/5/24 at 12:01 PM, the surveyor interviewed the CP via the telephone who stated that [redacted] and [redacted] should be separated and not administered together. A review of the manufacturer's specifications for Iron Supplement reflected for "Precautions: Do not take iron supplements and antacids or calcium supplements at the same time. It is best to space doses of these 2 products 1 to 2 hours apart, to get the full benefit from each medicine or dietary supplement."	F 759			
F 880 SS=E	NJAC 8:39-11.2(b), 29.2(a)(d) 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 diseases and infections. §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: §483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents,	F 880		3/12/24	

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F 880	<p>Continued From page 73</p> <p>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 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>	F 880			

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F 880	<p>Continued From page 74</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 record review, it was determined that the facility failed to follow appropriate measures to prevent and control the spread of infection during a NJ LEXIS Order 2024 outbreak on the ground floor of the facility for: a.) failure to properly wear N95/respirator masks for 4 of 4 staff members observed on the ground unit, and b.) failure to wear a fit tested N95/respirator mask for 2 of 4 staff members observed on the ground unit.</p> <p>The deficient practices were evidenced by the following:</p> <p>On 2/6/24 at 2:00 PM, the surveyor toured the ground floor unit. At the nurse's station, the surveyor observed Licensed Practical Nurse (LPN) who was wearing a DS-N95-1 mask with the straps cut, tied and the straps were then tied behind her ears. The surveyor asked the LPN why the N95 mask was worn that way and the LPN stated the mask was uncomfortable, "so I cut, tied it and wore it like that." She stated she was fit tested for this mask and should have worn it the way she learned during fit testing.</p> <p>At 2:05 PM, the surveyor observed Certified Nursing Assistant (CNA # 1), who was exiting a resident's room on the ground floor, CNA # 1</p>	F 880	<p>How any corrective action will be accomplished for those residents found to have been affected by the deficient practice:</p> <p>No residents were affected. The 4 staff members were re-educated on 2/6/24 on properly wearing N95 masks during an outbreak of COVID-19 on the ground floor. The 2 staff members were re-educated on 2/6/24 on wearing fit tested N95s to prevent and control the spread of infection during a COVID outbreak.</p> <p>How the facility will identify other residents having the potential to be affected by the same deficient practice:</p> <p>Monitor any residents for symptoms that may have been exposed to the staff members wearing their masks inappropriately during the COVID-19 outbreak.</p>		

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F 880	<p>Continued From page 75</p> <p>was wearing a DS-N95-1 mask with the straps cut, tied and the straps were then tied behind her ears. The surveyor asked the LPN why the N95 mask was worn that way and the LPN stated, the mask was uncomfortable, so I cut, tied it and wore it like that. She stated that she was not sure what mask she was fit tested to wear and could not provide information about how the mask should be worn.</p> <p>At 2:09 PM, the surveyor observed CNA # 2, who was walking down the resident hallway on the ground floor. The CNA # 2 was wearing a 3M VFLEX 1804 N95 mask, with her nose exposed and not covered by the N95 mask. The CNA # 2 stated that she should have the N95 over her nose and was fit tested for this mask.</p> <p>At 2:12 PM, the surveyor observed an Occupational Therapist (OT), in a resident's room on the ground floor. The resident was in bed with no mask on and the OT was sitting on a chair at the resident's bedside near the window. The OT wore a DS-N95-1 mask on his chin, exposing both his mouth and nose. The surveyor interviewed the OT and he stated that this resident was exposed to NJ Exec Order 267-4 but that he could not breathe while he interviewed the resident, so he pulled the mask off of his nose and mouth while he was in the room with the resident.</p> <p>At 2:50 PM, the surveyor received and reviewed the fit testing results for the following staff:</p> <p>The LPN was fit tested on NJ Exec Order 2 for 3M VFLEX 1804 N95 and the LPN was not wearing that mask upon observation.</p>	F 880	<p>What measures will be put in place or systemic changes made to ensure that the deficient practice will not recur:</p> <p>Infection control rounds during COVID -19 outbreak will be completed by Infection Preventionist to identify those staff members not wearing their N95 masks appropriately. Staff re-education done on 2/4/24, 2/6/24 and 2/7/24 on Infection Control Practices.</p> <p>How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur:</p> <p>Weekly audits x4 weeks, then monthly X2 months to be completed during Infection Control rounds by the infection Preventionist to assure that staff are properly wearing N95 masks. Results will be reported to the Director of Nursing and discussed at the Monthly QAPI Meeting until substantial compliance is achieved.</p>		

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: 315202	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 02/06/2024
NAME OF PROVIDER OR SUPPLIER LOPATCONG CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 390 RED SCHOOL LANE PHILLIPSBURG, NJ 08865		
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F 880	<p>Continued From page 76</p> <p>The CNA # 1 was fit tested on [redacted] NJ Exec Order 28 for DS-N95-1 and the CNA # 1 was wearing that mask upon observation.</p> <p>The CNA # 2 was fit tested on [redacted] NJ Exec Order 28 for the 3M VFLEX 1804 N95 and the CNA # 2 was wearing that mask upon observation.</p> <p>The OT was fit tested on [redacted] NJ Exec Order 28 for 3M VFLEX 1804 N95 and the OT was not wearing that mask upon observation.</p> <p>At 3:10 PM, the surveyor discussed the above concerns with the DON, who stated that the staff should have worn their N95 masks appropriately and they should have worn the ones that they were fit tested for. The facility did not provide a policy for N95 mask use.</p> <p>NJAC 8:39-19.4 (a)</p>	F 880			

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 315202	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	Y2	DATE OF REVISIT 3/15/2024	Y3
NAME OF FACILITY LOPATCONG CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 390 RED SCHOOL LANE PHILLIPSBURG, NJ 08865		

This report is completed by a qualified State surveyor for the Medicare, Medicaid and/or Clinical Laboratory Improvement Amendments program, to show those deficiencies previously reported on the CMS-2567, Statement of Deficiencies and Plan of Correction, that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the CMS-2567 (prefix codes shown to the left of each requirement on the survey report form).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix F0607	Correction	ID Prefix F0725	Correction	ID Prefix	Correction
Reg. # 483.12(b)(1)-(5)(ii)(iii)	Completed	Reg. # 483.35(a)(1)(2)	Completed	Reg. #	Completed
LSC	03/12/2024	LSC	03/12/2024	LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	

REVIEWED BY STATE AGENCY <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE
FOLLOWUP TO SURVEY COMPLETED ON 2/6/2024		<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO		

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 315202	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	Y2	DATE OF REVISIT 3/15/2024	Y3
NAME OF FACILITY LOPATCONG CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 390 RED SCHOOL LANE PHILLIPSBURG, NJ 08865		

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ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix F0582	Correction	ID Prefix F0607	Correction	ID Prefix F0641	Correction
Reg. # 483.10(g)(17)(18)(i)-(v)	Completed	Reg. # 483.12(b)(1)-(5)(ii)(iii)	Completed	Reg. # 483.20(g)	Completed
LSC	03/12/2024	LSC	03/12/2024	LSC	03/12/2024
ID Prefix F0656	Correction	ID Prefix F0657	Correction	ID Prefix F0693	Correction
Reg. # 483.21(b)(1)(3)	Completed	Reg. # 483.21(b)(2)(i)-(iii)	Completed	Reg. # 483.25(g)(4)(5)	Completed
LSC	03/12/2024	LSC	03/12/2024	LSC	03/12/2024
ID Prefix F0695	Correction	ID Prefix F0711	Correction	ID Prefix F0725	Correction
Reg. # 483.25(i)	Completed	Reg. # 483.30(b)(1)-(3)	Completed	Reg. # 483.35(a)(1)(2)	Completed
LSC	03/12/2024	LSC	03/12/2024	LSC	03/12/2024
ID Prefix F0755	Correction	ID Prefix F0756	Correction	ID Prefix F0759	Correction
Reg. # 483.45(a)(b)(1)-(3)	Completed	Reg. # 483.45(c)(1)(2)(4)(5)	Completed	Reg. # 483.45(f)(1)	Completed
LSC	03/12/2024	LSC	03/12/2024	LSC	03/12/2024
ID Prefix F0880	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 483.80(a)(1)(2)(4)(e)(f)	Completed	Reg. #	Completed	Reg. #	Completed
LSC	03/12/2024	LSC		LSC	

REVIEWED BY STATE AGENCY <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE
FOLLOWUP TO SURVEY COMPLETED ON 2/6/2024		<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO		

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

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315202	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 02/06/2024
NAME OF PROVIDER OR SUPPLIER LOPATCONG CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 390 RED SCHOOL LANE PHILLIPSBURG, NJ 08865	
(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
E 000	Initial Comments	E 000		
K 000	<p>An Emergency Preparedness Survey was conducted by Healthcare Management Solutions, LLC on behalf of the New Jersey Department of Health (NJDOH) on 02/01/24. The facility was found to be in compliance with 42 CFR 483.73.</p> <p>INITIAL COMMENTS</p> <p>A Life Safety Code Survey was conducted by the Health Care Management Solutions, LLC on behalf of the New Jersey Department of Health (NJDOH), Health Facility Survey and Field Operations on 02/01/24 and was found not to be in compliance with requirements for participation in Medicare/Medicaid at 42 CFR 483.90 (A) Life Safety from fire and the 2012 edition of the National Fire Protection Association (NFPA) 101 Life Safety Code (LSC), chapter 19 EXISTING health care occupancy.</p> <p>Lopatcong Center is a three-story building first occupied in 1985 according to staff. The facility is constructed of a type II (222) construction with concrete flooring, block bearing walls, and concrete roofing. The facility has a 250-kilowatt (KW) diesel generator. The residential units are on the second floor, first floor and ground floor along with a service area. The facility does not know the percentage of load carried by the generator. The facility has six smoke zones and currently has 133 occupied beds.</p>	K 000		
K 372 SS=E	<p>Subdivision of Building Spaces - Smoke Barrie CFR(s): NFPA 101</p> <p>Subdivision of Building Spaces - Smoke Barrier Construction 2012 EXISTING Smoke barriers shall be constructed to a 1/2-hour</p>	K 372		3/12/24

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

TITLE

(X6) DATE

Electronically Signed

02/22/2024

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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K 372	<p>Continued From page 1</p> <p>fire resistance rating per 8.5. Smoke barriers shall be permitted to terminate at an atrium wall. Smoke dampers are not required in duct penetrations in fully ducted HVAC systems where an approved sprinkler system is installed for smoke compartments adjacent to the smoke barrier.</p> <p>19.3.7.3, 8.6.7.1(1)</p> <p>Describe any mechanical smoke control system in REMARKS.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observations and interview, the facility failed to ensure smoke barrier walls were continuous from the floor to ceiling above in accordance with NFPA 101 (2012 edition) section 8.5.2. This deficient practice had the potential to affect 29 residents on the ground floor.</p> <p>Findings include:</p> <p>An observation on 02/01/24 at 1:15 PM of the smoke barrier wall at the cross-corridor doors near bedroom 15 above the ceiling tile revealed two holes measuring three inches by three inches under the duct work. Further observation of the same wall revealed a fire damper in a smoke barrier wall. The fire damper measured 12 inches by 12 inches. The door to the damper was held open with a fusible link. When the link burns off, the fire damper will close. However, it will allow for the passage of smoke through the smoke barrier wall.</p> <p>During an interview at the time of the observations, the Maintenance Director verified the holes in the above noted smoke barrier wall and fire damper. He stated the fire damper had a sticker of installation in 1998 and was used to</p>	K 372	<p>How any corrective action will be accomplished for those residents found to have been affected by the deficient practice:</p> <p>The damper fusible link was disconnected allowing the damper to close.</p> <p>How the facility will identify other residents having the potential to be affected by the same deficient practice:</p> <p>The facility was audited and no other areas affected.</p> <p>What measures will be put in place or systemic changes made to ensure that the deficient practice will not recur:</p> <p>The maintenance director will be re-educated by administrator on this process.</p> <p>The damper will remain closed and is now in compliance. The 3x3 area from the Exit sign romex wire has been filled with 3M</p>		

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K 372	Continued From page 2 transfer air through the cavity above the ceiling tile and below the floor above. NJAC 8:39-31.1(c), 31.2(e)	K 372	fire barrier sealant CP25 WB+. How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur: Maintenance will continue monthly barrier inspections x 3 months. Preventative Maintenance TELS. Findings will be discussed with the Administrator and then reviewed at the Monthly QAPI Meeting x 30 days.		
K 918 SS=F	Electrical Systems - Essential Electric System CFR(s): NFPA 101 Electrical Systems - Essential Electric System Maintenance and Testing The generator or other alternate power source and associated equipment is capable of supplying service within 10 seconds. If the 10-second criterion is not met during the monthly test, a process shall be provided to annually confirm this capability for the life safety and critical branches. Maintenance and testing of the generator and transfer switches are performed in accordance with NFPA 110. Generator sets are inspected weekly, exercised under load 30 minutes 12 times a year in 20-40 day intervals, and exercised once every 36 months for 4 continuous hours. Scheduled test under load conditions include a complete simulated cold start and automatic or manual transfer of all EES loads, and are conducted by competent personnel. Maintenance and testing of stored energy power sources (Type 3 EES) are in accordance with NFPA 111. Main and feeder circuit breakers are inspected annually, and a	K 918		3/12/24	

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K 918	<p>Continued From page 3</p> <p>program for periodically exercising the components is established according to manufacturer requirements. Written records of maintenance and testing are maintained and readily available. EES electrical panels and circuits are marked, readily identifiable, and separate from normal power circuits. Minimizing the possibility of damage of the emergency power source is a design consideration for new installations.</p> <p>6.4.4, 6.5.4, 6.6.4 (NFPA 99), NFPA 110, NFPA 111, 700.10 (NFPA 70)</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, document review, and interview, the facility failed to ensure the 250 KW (kilowatt) diesel generator was maintained in accordance with NFPA 110 (2010 edition) section 8.3.4. and 8.4.5.9.1. This deficient practice had the potential to affect the safety of all 133 residents.</p> <p>Findings include:</p> <p>An observation on 02/01/24 at 11:30 AM of the 250 KW diesel generator revealed the generator was positioned outside.</p> <p>A review of the facility's untitled fire safety records provided by the facility revealed a load bank test was not available in the past three years. The facility also did not have information related to routine load testing at 30% or greater for each generator.</p> <p>During an interview on 02/01/24 at 12:05 PM, the Administrator and Maintenance Director confirmed the facility did not have a load bank test completed and were unaware of the load</p>	K 918	<p>How any corrective action will be accomplished for those residents found to have been affected by the deficient practice:</p> <p>Our generator contractor conducted a 4-hour Load Bank test. The test was scheduled and completed on 2/5/2024.</p> <p>How the facility will identify other residents having the potential to be affected by the same deficient practice:</p> <p>No other areas affected.</p> <p>What measures will be put in place or systemic changes made to ensure that the deficient practice will not recur:</p> <p>The maintenance director will be re-educated by the administrator on this process. Will continue to monitor the Load Bank test according to facility policy.</p>		

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K 918	Continued From page 4 capacity of the generator on the building. NJAC 8:39-31.2(e), 31.2(g) NFPA 99. 110	K 918	How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur: Monitoring of the schedule of the Load Bank test will be included in TELS. Preventative Maintenance Program and reviewed monthly x 3 months.. Results of the test will be discussed with the Administrator and reviewed at the Monthly QAPI Meeting x 3 months.		

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 315202	Y1	MULTIPLE CONSTRUCTION A. Building 01 - MAIN BUILDING 01 B. Wing	Y2	DATE OF REVISIT 3/15/2024	Y3
NAME OF FACILITY LOPATCONG CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 390 RED SCHOOL LANE PHILLIPSBURG, NJ 08865		

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ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix _____ Reg. # NFPA 101 LSC K0372	Correction Completed 03/12/2024	ID Prefix _____ Reg. # NFPA 101 LSC K0918	Correction Completed 03/12/2024	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed _____
ID Prefix _____ Reg. # _____ LSC _____	Correction Completed _____	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed _____	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed _____
ID Prefix _____ Reg. # _____ LSC _____	Correction Completed _____	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed _____	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed _____
ID Prefix _____ Reg. # _____ LSC _____	Correction Completed _____	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed _____	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed _____
ID Prefix _____ Reg. # _____ LSC _____	Correction Completed _____	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed _____	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed _____

REVIEWED BY STATE AGENCY <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE
FOLLOWUP TO SURVEY COMPLETED ON 2/6/2024		<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO		