

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315350	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 10/24/2019
NAME OF PROVIDER OR SUPPLIER NORTH CAPE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 700 TOWNBANK ROAD CAPE MAY, NJ 08204		
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F 000	INITIAL COMMENTS STANDARD SURVEY CENSUS: 92 SAMPLE SIZE: 21+10+3 closed records	F 000			
F 755 SS=D	Pharmacy Srvcs/Procedures/Pharmacist/Records CFR(s): 483.45(a)(b)(1)-(3) §483.45 Pharmacy Services The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.70(g). The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse. §483.45(a) Procedures. A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident. §483.45(b) Service Consultation. The facility must employ or obtain the services of a licensed pharmacist who- §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	F 755		11/30/19	

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

TITLE

(X6) DATE

Electronically Signed

11/15/2019

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 755	<p>Continued From page 1</p> <p>receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and</p> <p>§483.45(b)(3) Determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled. This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview, record review and review of other facility documentation, it was determined that the nurse failed to administer medication to a resident (Resident #10) in accordance with manufacturer's recommendations during the medication administration task. This was observed for 1 of 2 nurses, Licensed Practical Nurse (LPN #1) and this deficient practice was evidenced by the following:</p> <p>On 10/18/19 at approximately 9:10 AM, the surveyor observed the LPN #1 administer medication to Resident #10. The medications administered to Resident #10 included [REDACTED] [REDACTED] (a medication used to treat [REDACTED]) per actuation [REDACTED]. LPN #1 took the inhaler off of the medication cart, prepared it for administration, and handed it to Resident #10. Resident #10 took [REDACTED] by mouth and handed the [REDACTED] device back to LPN #1. After doing so, Resident #10 picked up a plastic cup with clear liquid and took a sip of the liquid with a straw. LPN #1 asked Resident #10 if he/she was rinsing their mouth and Resident #10 nodded their head in a manner to indicate yes, and then swallowed the clear liquid.</p> <p>During an interview on 10/18/19 at 10:57 AM,</p>	F 755	<p>Resident #10's [REDACTED] order did not include instructions to rinse and spit following [REDACTED]. Order was revised to include cautionary instructions to rinse and spit following administration.</p> <p>All residents in the facility receiving [REDACTED] [REDACTED] have the potential to be affected by the same deficient practice.</p> <p>Nursing staff will be educated on Policy NSG305 Medication Administration.</p> <p>All residents currently ordered [REDACTED] [REDACTED] will be audited to ensure instructions to rinse and spit following administration is documented on the medication record.</p> <p>Center Nurse Executive or designee will complete bi-monthly audits to ensure [REDACTED] orders note instructions to rinse and spit following administration on the medication administration record.</p> <p>Center Nurse Executive will report findings of audits to the Quality Assurance and Process Improvement Committee to evaluate the need for further audits and/or action monthly for 3 months. Will</p>		

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F 755	<p>Continued From page 2</p> <p>LPN #1 stated that when Resident #10 took the [REDACTED] by mouth, it was usually followed with Resident #10 rinsing their mouth with water and then spitting the water out. LPN #1 acknowledged that Resident #10 swallowed the liquid after administration of the [REDACTED] subsequent rinsing of the mouth. When asked why she (LPN #1) did not prompt Resident #10 to spit out the water, rather than swallowing it, LPN #1 stated that this was probably the result of nervousness, referring to herself.</p> <p>According to the physician's orders dated October 2019, Resident #10 had an order for [REDACTED] by mouth every 12 hours for [REDACTED]. An actuation is an action of squeezing the [REDACTED] to deliver a dose into the mouth. [REDACTED] is a disease characterized by [REDACTED]. [REDACTED] is a medication used to treat [REDACTED] and consists of two medications, one of which is a [REDACTED]. When using a steroid in this manner, it is necessary to rinse the mouth with water and spit rather than swallow in order to avoid the development of [REDACTED] in the mouth and throat. The surveyor also reviewed the Medication Administration Record (MAR) for Resident #10 at this time, which also contained an order for [REDACTED] by mouth every 12 hours for [REDACTED]. There was no documentation of instructions for the resident to rinse and spit after use of the [REDACTED].</p> <p>On 10/18/19 at 12:13 PM, the surveyor interviewed LPN #1 regarding the [REDACTED]. LPN #1 confirmed that there were</p>	F 755	reevaluate at that time for continued need for improvement plan.		

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F 755	<p>Continued From page 3</p> <p>no special instructions regarding rinsing on the printed version of the MAR or on the electronic version of the MAR, used during the medication pass.</p> <p>A review of the most current Minimum Data Set (MDS) an assessment tool, dated [REDACTED] revealed a Brief Interview for Mental Status (BIMS) score of [REDACTED] indicating Resident #10 was [REDACTED].</p> <p>The surveyor interviewed Resident #10 on 10/23/19 at 12:58 PM. The surveyor questioned the resident concerning rinsing their mouth after using the [REDACTED] er. Resident #10 stated, "no, never" were they given instructions as to how rinsing of the mouth should have occurred . The surveyor repeated the question to be certain and Resident #10 repeated the same response.</p> <p>On 10/23/19 at 2:21 PM, LPN #2 showed the surveyors the box that contained the [REDACTED] used by Resident #10. The box of medication contained a package insert (instructions from the manufacturer of the medication) and a sticker with special instructions. The sticker with instructions indicated the following: [REDACTED] Separate [REDACTED] by 5 min. Shake well before using. Rinse mouth after use." The surveyors then reviewed the package insert with LPN #2, which indicated to "rinse and spit" after [REDACTED]. When asked, LPN #2 did not know why the sticker on the box of medication did not specify to spit after rinsing.</p> <p>During an interview with the Director of Nursing (DON) and Licensed Nursing Home Administrator on 10/24/19 at 10:35 AM, the DON stated that</p>	F 755			

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F 755	Continued From page 4 sometimes cautionary statements will automatically appear on the MAR, but she was uncertain whether such special instructions were or were not on the MAR in this case. During a follow up interview on 10/24/19 at 12:29 AM, the DON stated there may have been a "glitch" in the computer system with regards to cautionary statements and the facility staff was looking into the matter further. The surveyor obtained and reviewed the facility's policy regarding medication administration. The policy with a reviewed date of 5/04/15, titled, "NSG305 Medication Administration: General" under 2. Prepare for administration of medication section 2.1.3 indicated it was necessary to administer medication in conjunction with special instructions.	F 755			
F 759 SS=D	NJAC 8:39-29.4(a)(10) 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, record review and review of other facility documentation, it was determined that the facility failed to administer medications and maintain a medication error rate of less than 5%. This deficient practice was identified for 1 of 2 nurses who were observed for the medication pass task. The surveyor	F 759	Resident #58 and Resident #10 orders for [REDACTED] were clarified with physician and new orders obtained to distinguish between administering [REDACTED] versus [REDACTED] Resident #10 was educated that only 1	11/30/19	

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F 759	<p>Continued From page 5</p> <p>observed a total of 28 medications, administered to four residents on two units (the [REDACTED] the [REDACTED]) during the medication pass. There were three errors observed (Resident #58 and Resident #10), which resulted in a medication error rate of 10%. This deficient practice was evidenced by the following:</p> <p>1. On 10/18/19 at 8:30 AM, the surveyor observed Licensed Practical Nurse (LPN #1) administer medication to Resident #58. Resident #58 had an order for [REDACTED] (mg) one tablet by mouth daily for [REDACTED]. LPN #1 poured a tablet out of a bottle, labeled [REDACTED] mg, into the medication cup. LPN #1 went to administer the medication to Resident #58. The surveyor asked LPN #1 about the medication poured, as compared to the medication indicated on the electronic medical record, [REDACTED] mg. At 8:37 AM, LPN #1 looked at the resident's order on the electronic medical record. LPN #1 stated that there would be an expectation to see "[REDACTED] mg" if that were the form of [REDACTED] ordered to be given. LPN #1 also confirmed that there was also a bottle [REDACTED] mg (a [REDACTED] version of [REDACTED] available on the medication cart. LPN #1 then administered the [REDACTED] mg tablet to Resident #58.</p> <p>According to the physician's orders dated [REDACTED], Resident #58 had an order for [REDACTED] mg, give one tablet by mouth one time a day for [REDACTED]. The order did not reference use of the [REDACTED] (Error #1).</p> <p>2. On 10/18/19 at 8:44 AM, the surveyor observed LPN #1 administer medication to</p>	F 759	<p>[REDACTED] was ordered to each [REDACTED]. Resident #10 was also educated that if after one spray, resident does not feel that any medication was received during [REDACTED], nursing staff would contact physician to obtain further orders.</p> <p>All residents in the facility have the potential to be affected by failure to administer medications correctly.</p> <p>Nursing staff will be educated on Policy NSG305 Medication Administration.</p> <p>All residents currently ordered [REDACTED] mg will be audited to ensure it is distinguished whether [REDACTED] mg [REDACTED] versus [REDACTED] 81mg [REDACTED] tablet should be administered.</p> <p>All residents currently ordered [REDACTED] administering under nursing supervision will be educated to follow order instructions.</p> <p>Center Nurse Executive or designee will complete medication competencies on 2 licensed nurses per week for 3 months.</p> <p>Center Nurse Executive will report findings of audits to the QAPI committee monthly for three months. After which time, the committee will determine if reevaluation or continuation of plan is needed.</p>		

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F 759	<p>Continued From page 6</p> <p>Resident #10. Resident #10 had an order for [REDACTED] mg one tablet by mouth daily for [REDACTED]. LPN #1 poured a tablet out of the bottle, labeled [REDACTED] mg into the medication cup and then administered it to Resident #58.</p> <p>According to the physician's orders dated [REDACTED], Resident #10 had an order for [REDACTED] mg, give one tablet by mouth one time a day for [REDACTED]. The order did not reference use of the enteric-coated product (Error #2).</p> <p>3. On 10/18/19 at approximately 8:50 AM, the surveyor observed LPN #1 administer [REDACTED] to Resident #10. LPN #10 opened a new bottle of medication and handed it to Resident #10. Resident #10 primed the bottle of [REDACTED], by holding it away and spraying it into the air. The surveyor observed a mist of spray, squirt out of the bottle, and into the air. Resident #10 then took the [REDACTED] bottle and administered two sprays into the [REDACTED] and one spray into the [REDACTED] in the presence of LPN #1 and the surveyor.</p> <p>According to the physician's order dated [REDACTED] Resident #10 had an order for [REDACTED] per actuation, one spray in both [REDACTED] two times a day for [REDACTED] s. An actuation is a spray or the action taken to cause the device to function. (Error #3).</p> <p>During an interview on 10/18/19 at 10:52 AM, LPN #1 was questioned about Resident #10 administering two sprays into the [REDACTED] and</p>	F 759			

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F 759	Continued From page 7 one spray into the [REDACTED], LPN #1 stated that this likely resulted from the bottle of medication being brand new and the resident was not likely certain if the medication would come out correctly. During an interview on 10/24/19 at 10:43 AM, the Director of Nursing (DON) said that when not specified, it would be her expectation that [REDACTED] would be given. The DON also said the order would indicate [REDACTED] During a follow-up interview on 10/24/19 at 10:59 AM, the DON stated she could see where a lack of distinction could cause confusion with regard to which dosage form of [REDACTED] should be given and that it would ultimately require further clarification from the physician. According to a facility policy with a revision date of 5/04/15, titled "NSG305 Medication Administration: General" under 2. Prepare for administration of medication section 2.1 verify the medication order on the MAR with the medication label for 2.1.1 Correct: 2.1.1.2 drug.	F 759			
F 880 SS=D	NJAC 8:39 - 29.2(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.	F 880		11/30/19	

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

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F 880	<p>Continued From page 9</p> <p>contact with residents or their food, if direct contact will transmit the disease; and</p> <p>(vi)The hand hygiene procedures to be followed by staff involved in direct resident contact.</p> <p>§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.</p> <p>§483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.</p> <p>§483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review, and review of other facility documentation, it was determined that the facility failed to adhere to the accepted standards of infection control practices for the proper storage of _____ equipment for 1 of 1 residents reviewed for _____ (Resident #75). This deficient practice was evidenced by the following:</p> <p>During the initial tour of the _____ on 10/17/19 at 10:25 AM, the surveyor observed a hand-held _____ that was stored hooked on the _____ on Resident #75's bed side table. The _____ was dated 10/14, was uncovered, and the machine was sitting on top of a black bag. The _____ was observed to be rolled up hanging on the _____ with the _____ uncovered. Resident #75 said "I take it _____) when they</p>	F 880	<p>Resident #75 _____ and _____ were not stored in the appropriate storage bag. Upon identification, deficiency was corrected by placing the _____ and _____ in the appropriate storage bag.</p> <p>All residents in the facility receiving _____ and _____ therapy have the potential to be affected by this deficient practice.</p> <p>Nursing staff will be educated on Policy/Procedure _____: Small volume and _____</p> <p>_____ ly ordered nebulizer and _____ therapy will be audited weekly to ensure that their _____ are</p>		

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F 880	<p>Continued From page 10</p> <p>give it to me" and added that he/she did not know about the correct storage of the [REDACTED] Resident #75 went on to say that he/she hasn't used the [REDACTED] since he/she was admitted to the facility.</p> <p>On 10/18/19 at 9:19 AM the surveyor made the same observations regarding the storage of the [REDACTED] and [REDACTED]</p> <p>According to the Admission Record, Resident #75 was admitted to the facility on [REDACTED] with diagnoses including but not limited to: [REDACTED]</p> <p>A review of the most recent Minimum Data Set, an assessment tool dated [REDACTED], revealed a Brief Interview for Mental Status score of [REDACTED] indicating Resident #75 was [REDACTED] intact.</p> <p>A review of the Order Recap Report dated [REDACTED], showed a physician order dated [REDACTED] for [REDACTED] Milliliter (ML), [REDACTED] via [REDACTED] three times per day for [REDACTED]</p> <p>During an interview on 10/21/19 at 10:50 AM, the assigned Licensed Practical Nurse (LPN #2) told the surveyor [REDACTED] and [REDACTED] are changed every seven days and labeled with the date of the change. LPN #2 went on to say if the [REDACTED] or [REDACTED] are not in use, they should be placed in the black bag that is labeled with the resident name and room number.</p> <p>During an interview on 10/21/19 at 1:33 PM, the Director of Nursing (DON) stated that the facility</p>	F 880	<p>stored in the appropriate [REDACTED] storage bags.</p> <p>Infection Preventionist or designee will complete weekly audits to confirm that the [REDACTED] and [REDACTED] are being stored in the appropriate [REDACTED] bags. Infection Preventionist will report findings of audits monthly x3 to the QAPI at which time the committee will determine if continuation or reevaluation of plan is needed.</p>		

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FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315350	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 10/24/2019
NAME OF PROVIDER OR SUPPLIER NORTH CAPE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 700 TOWNBANK ROAD CAPE MAY, NJ 08204		
(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 880	<p>Continued From page 11</p> <p>procedure is to change [REDACTED] and [REDACTED] weekly. The DON went on to say that when the [REDACTED] and [REDACTED] are not in use they are to be stored in either plastic bags or black [REDACTED] bags. The DON also said yes, they (the [REDACTED]) do hook on the machine and we can store them on the machine, but the [REDACTED] should still be in a bag.</p> <p>The surveyor reviewed the aforementioned findings with the DON who confirmed the findings and said that the [REDACTED] and [REDACTED] should be stored in a bag when not in use.</p> <p>A review of the facility policy titled "Nebulizer: Small Volume" with an effective date of 1/01/04 and review/revision date of 12/01/18 revealed under 20.1 Place in treatment bag labeled with patient name and date. A review of the facility policy titled [REDACTED]" with an effective date of 1/01/04 and review/revision dated of 02/01/19 under #16. Replace disposable set-up every seven days. Date and store in treatment bag when not in use.</p> <p>NJAC 8:39-27.1 (a)</p>	F 880			