STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	sipfep	A. BUILDING: _____ B. WING _____	C 08/16/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE ECHELON LAKE	207 LAUREL ROAD VOORHEES, NJ 08043

(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) COMPLETE DATE
A 000	Initial Comments Initial Comments: TYPE OF SURVEY: Complaint COMPLAINT #: NJ00124632 CENSUS: 113 SAMPLE SIZE: 4 The facility is not in substantial compliance with all of the standards in the New Jersey Administrative Code 8:36, Standards for Licensure of Assisted Living Residences, Comprehensive Personal Care Homes and Assisted Living Programs. The facility must submit a plan of correction, including a completion date for each deficiency and ensure that the plan is implemented. Failure to correct deficiencies may result in enforcement action in accordance with provisions of New Jersey Administrative Code Title 8, Chapter 43E, Enforcement of Licensure Regulations.	A 000		
A 941	8:36-11.5(b)(3)(i-v) Pharmaceutical Services (b) The registered professional nurse may choose to delegate the task of administering medications in accordance with N.J.A.C. 13:37-6.2 to certified medication aides, as defined in this chapter. 3. The certified medication aide shall not: i. Administer any injection other than pre-drawn properly packaged and labeled insulin as described in (b)1 above; ii. Calculate a medication dosage;	A 941		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

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A 941	Continued From page 1 iii. Pre-pour medications for more than one resident at a time; iv. Contact prescribers for changes in medication, to clarify an order, or contact the pharmacist for questions regarding a dispensed medication; or v. Administer bolus doses of enteral feedings, or stop and/or start an existing enteral feeding pump or gravity-fed system. 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 the Certified Medication Aides (CMAs) received proper delegation by the Registered Nurse (RN) when administering medications for [redacted] of [redacted] residents, Resident [redacted]. This deficient practice was evidenced by the following: On 8/16/19 at 10:00 a.m., the surveyor reviewed Resident [redacted] medical record and observed that the resident was admitted to the facility on [redacted] with a diagnosis which included [redacted]. The surveyor reviewed the Medication Administration Record (MAR) and observed that the resident received Executive Order 26, 4.b., (a medication used to Executive Order 26, 4.b. [redacted]), on a weekly basis since [redacted]. The surveyor observed the MAR's for the months of Executive Order 26, 4.b. which documented that [redacted] of [redacted] doses of the Executive Order 26, 4.b.	A 941		

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A 941	Continued From page 2 were administered by a CMA. On 8/16/19 at 12:30 p.m., the surveyor interviewed CMA #1, who confirmed that he/she administered the medication on a weekly basis. At 3:00 p.m. the surveyor interviewed the Director of Nursing (DON) and inquired if the DON was aware of the guidelines issued by the Department of Health (DOH) and distributed to all facilities in January 2013 which documented that the DOH would accept requests for a waiver to allow the RN to delegate to CMAs administration of "...injectable medications (other than previously approved insulin) via disposable, integrated, mechanical, medication delivery devices that are prefilled by the manufacturer (commonly known as "pens")." The DON stated that the facility did not have a waiver for the CMAs to administer non-insulin medication by injection and stated that she believed the waiver was no longer required. The facility failed to ensure that CMAs were only delegated the task to administer medications in accordance with this regulation in the absence of an approved waiver to administer other injectable medications.	A 941		
A 983	8:36-11.7(a)(5) Pharmaceutical Services (a) The administrator shall provide an appropriate and safe medication storage area, either in a common area or in the resident's unit, for the storage of medications that are not self-administered by the residents. The storage area requirement may be satisfied through the use of a locked medication cart. 5. Medications shall be stored in accordance with manufacturer's instructions, and/or	A 983		

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A 983	Continued From page 3 extemporaneously applied pharmacy labels and/or directions, and/or United States Pharmacopoeia Drug Information (USP DI) Volume I, Drug Information for the Health Care Professional, 2005, incorporated herein by reference, as amended and supplemented and USP DI Volume II: Advice for the Patient, incorporated herein by reference, as amended and supplemented. USP DI Volume I: Drug Information for the Health Care Professional and USP DI Volume II: Advice for the Patient can be obtained by contacting Thomson-Micromedex, 6200 S. Syracuse Way, Suite 300, Greenwood Village, CO 80111, (303) 486-6400. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review it was determined that the facility failed to store a medication in accordance with cautionary warnings and manufacturer's specifications for [redacted] of [redacted] residents, Resident [redacted]. This deficient practice was evidenced by the following: On 8/16/19 at 12:02 p.m. during inspection of Medication Cart #1, in the presence of the Certified Medication Aide (CMA) responsible for the medication cart, and observed (2) two plastic zip bags which contained a total of [redacted] prefilled syringes of [redacted], [redacted]), in a locked narcotic drawer which was being stored at room temperature. The [redacted] was prescribed for oral administration as needed for [redacted] for Resident [redacted]. The	A 983		

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A 983	Continued From page 4 surveyor observed that the dispense date of the medication was [Executive Order 26] and each bag contained a cautionary label with instructions to refrigerate the medication. At that time the surveyor interviewed the CMA regarding the storage of the [Executive Order 26, 4.b.] The CMA stated that he/she was not aware that there were instructions to refrigerate the medication. The surveyor observed that the medication had been stored at room temperature for 59 days since the date it was dispensed by the pharmacy. On 8/16/19 at 2 p.m., the surveyor reviewed the Medication Administration Record (MAR), which revealed that Resident [Executiv] did not receive any doses of the medication that was not stored per the manufacturer's instructions affixed to the cautionary label. The surveyor then reviewed the facility policy titled, "Medication & Treatment - Storage Policy" which documented, "Medications requiring refrigeration must be stored in a refrigerator..." During the exit interview the Director of Nurses agreed that the [Executive Order 26, 4.b.] should have been stored in the refrigerator.	A 983		

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT
sipfep Y1	Y2	10/8/2019 Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE ECHELON LAKE	207 LAUREL ROAD VOORHEES, NJ 08043

This report is completed by a State surveyor to show those deficiencies previously reported 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 State Survey Report (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 A0941 Reg. # 8:36-11.5(b)(3)(i-v) LSC	Correction Completed 08/28/2019	ID Prefix A0983 Reg. # 8:36-11.7(a)(5) LSC	Correction Completed 08/16/2019	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
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REVIEWED BY STATE AGENCY ☐	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO ☐	**REVIEWED BY (INITIALS)**	**DATE**	**TITLE**	**DATE**
FOLLOWUP TO SURVEY COMPLETED ON 8/16/2019	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ **YES** ☐ **NO**			