

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

PRINTED: 03/17/2022  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>315461</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>09/03/2021</b>
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NAME OF PROVIDER OR SUPPLIER  <b>VIRTUA H &amp; R C AT BERLIN</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>100 LONG-A-COMING LANE BERLIN, NJ 08009</b>
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F 000	INITIAL COMMENTS  STANDARD SURVEY:  CENSUS: 78  SAMPLE: 20  The facility was not in substantial compliance with the requirements of 42 CFR Part 483, Subpart B, for Long Term Care Facilities. Deficiencies were cited for this survey.	F 000		
F 761 SS=D	Label/Store Drugs and Biologicals CFR(s): 483.45(g)(h)(1)(2)  §483.45(g) Labeling of Drugs and Biologicals Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable.  §483.45(h) Storage of Drugs and Biologicals  §483.45(h)(1) In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys.  §483.45(h)(2) The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.	F 761		10/8/21

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  Electronically Signed	TITLE	(X6) DATE  09/14/2021
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Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 761	<p>Continued From page 1</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview, and review of other facility documentation, it was determined that the facility failed to ensure the narcotic medication compartment locked securely. This deficient practice was identified for 1 of 2 medication carts [redacted] cart 1 on the [redacted] unit) that was reviewed as part of the Medication Storage Task and was evidenced by the following:</p> <p>On 9/1/21 at 11:20 AM, the surveyor and Licensed Practical Nurse (LPN #1) were at the [redacted] cart 1 and LPN #1 unlocked the medication cart using a key. At that time, LPN #1 opened the bottom drawer of the cart revealing a fixed, metal compartment with a keyhole lock on the lid. LPN #1 utilized the key to unlock the compartment and then pulled on the lid and the compartment opened. LPN #1 closed the lid, inserted, and turned the key again. At that time the surveyor completed the medication cart review in the presence of LPN #1.</p> <p>On the same date at 11:26 AM, the surveyor asked LPN #1 to pull on the lid of the locked compartment. LPN #1 pulled on the lid and the lid opened without using a key. At that time, LPN #1 said the lid latches when the spacing is good (how the medication cards are placed in the compartment). LPN #1 also said she believes it wasn't latching yesterday and today. At 11:34 AM, the surveyor and LPN #1 counted the narcotic medications, and no discrepancies were discovered. LPN #1 then placed the medication packages back into the compartment. She then closed the lid, inserted, and turned the key. At that time, she pulled on the lid and it opened again. LPN #1 stated she will call the maintenance man.</p>	F 761	<p>What corrective action will be accomplished for those residents affected by the deficient practice?</p> <p>When reviewing the locked compartment box on [redacted] medication cart [redacted] maintenance found the lock to not be broken. The lock malfunctioned due to human error by the nurse.</p> <p>"LPN #1 will be educated by October 8, 2021 on:</p> <ul style="list-style-type: none"> <li>Speak up for safety</li> <li>Review of Controlled Substances Medication Storage procedure</li> <li>How to check the lock is properly working on the narcotic box</li> <li>Who to call if the lock on narcotic box is not securely locking</li> <li>How to put in a work order for a narcotic lock that is not securely locking</li> <li>During Nurse to Nurse hand off, of patient assignment, a check occurs confirming the narcotic box is securely locked &amp; lock is functional.</li> </ul> <p>Nurses will be educated by Director of Nursing (DON)/designee on:</p> <ul style="list-style-type: none"> <li>Speak up for safety</li> <li>Review of Controlled Substances Medication Storage procedure</li> <li>How to check the lock is properly working on the narcotic box</li> <li>Who to call if the lock on narcotic box is not securely locking</li> <li>How to put in a work order for a narcotic lock that is not securely locking</li> </ul>		

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F 761	Continued From page 2  A review of the policy titled, "Controlled Substances Administration, Control, and Wastage" with an effective date of 7/2020, revealed under "Procedure", "All narcotics are to be stored under double locks."  NJAC 8:39-29.7(c)	F 761	<p>During Nurse to Nurse hand off, of patient assignment, a check occurs confirming the narcotic box is securely locked &amp; lock is functional. During orientation, the newly hired nurse will be educated by the DON/designee on the following: How to check the lock is properly working on the narcotic box Speak up for safety Review of Controlled Substances Medication Storage procedure Who to call if the lock on narcotic box is not securely locking How to put in a work order for a narcotic lock that is not securely locking During Nurse to Nurse hand off, of patient assignment, a check occurs confirming the narcotic box is securely locked &amp; lock is functional.</p> <p>How you will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken</p> <p>All residents who have an order for narcotics have the potential to be impacted by an improperly working lock on a narcotic box.</p> <p>The corrective action will be: Nurses will be educated by the DON/designee on: -How to check the lock is properly working on the narcotic box -Speak up for safety -Review of Controlled Substances Medication Storage procedure</p>		

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F 761	Continued From page 3	F 761	<p>-Who to call if the lock on narcotic box is not securely locking</p> <p>-How to put in a work order for a narcotic lock that is not securely locking</p> <p>-Nurse to Nurse hand off, of patient assignment, will include a check that narcotic box is securely locked &amp; lock is functional.</p> <p>During orientation, the newly hired nurse will be educated by the DON/designee on the following:</p> <p>How to check the lock is properly working on the narcotic box</p> <p>Speak up for safety</p> <p>Review of Controlled Substances Medication Storage procedure</p> <p>Who to call if the lock on narcotic box is not securely locking</p> <p>How to put in a work order for a narcotic lock that is not securely locking</p> <p>During Nurse to Nurse hand off, of patient assignment, a check occurs confirming the narcotic box is securely locked &amp; lock is functional.</p> <p>What measures will be put into place or what systemic changes you will make to ensure the deficient practice will not recur</p> <p>"Nurses will be educated by the DON/designee by October 8, 2021 on:</p> <p>How to check the lock is properly working on the narcotic box</p> <p>Speak up for safety</p> <p>Review of Controlled Substances Medication Storage procedure</p> <p>Who to call if the lock on narcotic box is not securely locking</p> <p>How to put in a work order for a</p>		

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F 761	Continued From page 4	F 761	<p>narcotic lock that is not securely locking During Nurse to Nurse hand off, of patient assignment, a check occurs confirming the narcotic box is securely locked &amp; lock is functional. As of October 8, 2021 nursing orientation for newly hired nurses will include: How to check the lock is properly working on the narcotic box Speak up for safety Review of Controlled Substances Medication Storage procedure Who to call if the lock on narcotic box is not securely locking How to put in a work order for a narcotic lock that is not securely locking During Nurse to Nurse hand off, of patient assignment, a check occurs confirming the narcotic box is securely locked &amp; lock is functional.</p> <p>How the corrective action will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place. Audit Who: Director of Nursing or designee What: The narcotic box on each medication cart, in use, will be assessed for proper function of the locking mechanism. When: Weekly times 4 weeks and then monthly times three months How: Physical monitor of lock inspection and technique which includes inspection while in the locked position, unlocking and then relocking to the securely locked position.</p>		

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F 761	Continued From page 5	F 761	The results of the audit will be brought to the Quality Assurance Performance Improvement Committee at a minimum quarterly. Areas of opportunity will be identified and action plans put into place.		

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S 000	Initial Comments  THE FACILITY WAS NOT IN COMPLIANCE WITH THE STANDARDS IN THE NEW JERSEY ADMINISTRATIVE CODE, CHAPTER 8:39, STANDARDS FOR LICENSURE OF LONG TERM CARE FACILITIES. 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 THE PROVISIONS OF THE NEW JERSEY ADMINISTRATIVE CODE, TITLE 8, CHAPTER 43E, ENFORCEMENT OF LICENSURE REGULATIONS.	S 000		
S 560	8:39-5.1(a) Mandatory Access to Care  (a) The facility shall comply with applicable Federal, State, and local laws, rules, and regulations.  This REQUIREMENT is not met as evidenced by: Based on interviews and review of pertinent facility documentation, it was determined that the facility failed to maintain the required minimum direct care staff to resident ratios for the day shift as mandated by the state of New Jersey. This was evident for 1 of 14 shifts reviewed.  Findings include:  Reference: New Jersey Department of Health (NJDOH) memo, dated 01/28/2021, "Compliance with N.J.S.A. (New Jersey Statutes Annotated) 30:13-18, new minimum staffing requirements for nursing homes," indicated the New Jersey Governor signed into law P.L. 2020 c 112,	S 560	S560 Tag: 0560/Mandatory Access to Care What corrective action will be accomplished for those residents affected by the deficient practice? " Continue using staffing grids that meet mandatory staffing ratios for Certified Nursing Assistants (CNA) " The Staffing coordinator will continue to monitor & fill CNA needs on the schedules " The Staffing coordinator and Director of Nursing/designee will meet daily to discuss current CNA staffing needs " Continue to use supplemental staff,	9/12/21

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

TITLE

(X6) DATE

Electronically Signed

09/14/21

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S 560	<p>Continued From page 1</p> <p>codified at N.J.S.A. 30:13-18 (the Act), which established minimum staffing requirements in nursing homes. The following ratio(s) were effective on 02/01/2021:</p> <p>One Certified Nurse Aide (CNA) to every eight residents for the day shift.</p> <p>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 CNAs, and each direct staff member shall be signed in to work as a CNA and shall perform nurse aide duties: and</p> <p>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 CNA and perform CNA duties.</p> <p>As per the "Nursing Staffing Report" completed by the facility for the weeks of 8/15/2021-8/22/2021 the staffing to residents' ratios that did not meet the minimum requirement of 1 CNA to 8 residents for the day shift as documented below:</p> <p>8/16/2021 - 9 CNAs for 76 residents</p> <p>During an interview on 9/1/2021 at 11:38 AM, the Administrator stated that she was aware of the minimum staffing ratios. She furthered that the facility is meeting the requirements.</p> <p>During an interview on 9/1/2021 at 12:19 PM, the Administrator stated the facility uses agency CNAs as well as nursing assistants (NAs). The facility uses medical assistants for support and nonresident contact assistance.</p>	S 560	<p>such as agency personnel, to fill schedule needs</p> <p>" Director of Nursing/designee will meet with recruiter weekly to review and discuss strategies to fill vacant CNA positions</p> <p>How you will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken</p> <p>" All residents have the potential to be impacted by CNA staffing below minimum staffing requirements</p> <p>What measures will be put into place or what systemic changes you will make to ensure the deficient practice will not recur</p> <p>" Continue using staffing grids that meet CNA mandatory staffing ratios</p> <p>" The Staffing coordinator will continue to monitor &amp; fill needs on the schedules</p> <p>" The Staffing coordinator and Director of Nursing/designee will meet daily to discuss current CNA staffing needs</p> <p>" Continue to use supplemental staff, such as agency personnel, to fill schedule needs</p> <p>" Director of Nursing/designee will meet with recruiter weekly to review and discuss strategies to fill vacant CNA positions</p> <p>" Work on securing contracts with additional staffing agencies</p> <p>" Holding staff accountable for time and attendance</p> <p>" Continue with processes to improve employee engagement</p> <p>" Continue to work with agency contracts</p> <p>" Active traveler's contract</p> <p>" Continue to actively advertise through an online website and internally on this</p>	



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S 560	<p>Continued From page 2</p> <p>During an interview on 9/3/21 10:22 AM, the Staffing Coordinator stated that she is aware of the staffing ratios and the facility is meeting the staffing ratios. She stated the facility uses agency CNAs as well as nursing assistants (NAs).</p> <p>A review of the facility 4/2020 staffing plan revealed "Certified Nursing Assistants as required as according to census and condition and Department of Health Mandate.</p>	S 560	<p>organizations website.</p> <ul style="list-style-type: none"> <li>" Continue to internally post all available positions</li> <li>" Employee referral bonus</li> <li>" Sign on Bonus</li> <li>" Continue to offer bonus pay for additional shifts worked</li> <li>" Continue to use an electronic application which sends an alert to employees when available shifts are open asking employee to pick up shift</li> </ul> <p>How the corrective action will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place. Who: Director of Nursing/designee What: Routine review of CNA staffing schedule, daily census as aligned with daily assignment sheets, and efforts made to fill the CNA staffing needs. When: Beginning September 12, 2021 a monthly review will be conducted to ensure compliance with CNA staffing ratios. The results of the review will be brought to the Quality Assurance Performance Improvement Committee, at a minimum, quarterly. Areas of opportunity will be identified. How: CNA comparative analysis of required to actual</p>	