

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

PRINTED: 10/23/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315050	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/29/2019
NAME OF PROVIDER OR SUPPLIER BURLINGTON WOODS			STREET ADDRESS, CITY, STATE, ZIP CODE 115 SUNSET ROAD BURLINGTON, NJ 08016	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS Standard Survey: 8/29/19 Census: 164 Sample: 34	F 000		
F 658 SS=B	Services Provided Meet Professional Standards CFR(s): 483.21(b)(3)(i) §483.21(b)(3) Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (i) Meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, it was determined that the facility failed to maintain professional standards of clinical practice by documenting in the Electronic Treatment Administration Record that [REDACTED] were applied to [REDACTED] on the resident in the morning according to the physician's order for 1 of 32 residents (Resident #20) reviewed. This deficient practice was evidenced by the following: 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 responsibilities within the framework of case finding; reinforcing the patient and family teaching program through health teaching, health counseling and provision of supportive and	F 658	Resident #20's order was changed to reflect plan of care. [REDACTED] are being applied as per Physician order Residents with [REDACTED] have the potential to be affected by this practice.Center Nurse Executive performed audit of current residents with [REDACTED] and no other discrepancies noted. Licensed nurses will be re-educated on ensuring [REDACTED] are applied as ordered and on the importance of following professional standards for [REDACTED] administration/documentation. A weekly audit of current residents with [REDACTED] will be performed by Unit Manager/Designee x 3 months and submitted to CNE for review. Outcomes will be reviewed at the monthly	10/9/19

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

TITLE

(X6) DATE

Electronically Signed

09/20/2019

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 658	<p>Continued From page 1</p> <p>restorative care, under the direction of a registered nurse or licensed or otherwise legally authorized physician or dentist.</p> <p>On 8/22/19 at 12:51 PM, the surveyor observed Resident #20 lying on the bed with eyes closed. The surveyor observed two [REDACTED] in the room.</p> <p>On 8/23/19 at 9:00 AM and 12:00 PM, the surveyor observed Resident #20 on the bed with eyes closed and the [REDACTED] were in the room and not on the resident.</p> <p>On 8/26/19 at 11:30 AM, the surveyor observed Resident #20 on the bed with eyes closed and the [REDACTED] were in the room and not on the resident.</p> <p>The surveyor reviewed Resident #20's medical record that revealed the following:</p> <p>According to the Admission Record Resident #20 was admitted to the facility on [REDACTED] with diagnoses that included [REDACTED]</p> <p>[REDACTED]</p> <p>The Annual Minimum Data Set, an assessment tool dated, [REDACTED] revealed under the [REDACTED]</p> <p>[REDACTED]</p> <p>According to the Order Recap Report for 6/1/19-8/31/19, Resident #20 had a physician's order dated 6/1/19, for [REDACTED] to</p>	F 658	Quality Assurance Process Improvement meeting until the committee agrees the problem is corrected.	

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F 658	Continued From page 2 [REDACTED] every morning and remove at bedtime." The August 2019 Electronic Treatment Administration Record (ETAR) indicated that the nurse had signed that the [REDACTED] were applied on Resident #20 at 9:00 AM on 8/22/19, 8/23/19, and 8/26/19. On 8/26/19 at 12:35 PM, the surveyor interviewed the Licensed Practical Nurse (LPN), assigned to Resident #20, who stated that the resident wore the [REDACTED] daily. When the surveyor asked the LPN if she checked to see if Resident #20 was wearing the [REDACTED] before signing the ETAR at 9:00 AM on 8/22/19, 8/23/19 and 8/26/19, the LPN replied "No." The LPN further stated that she was very busy in the mornings and could not get to Resident #20's room at 9:00 AM to see if the resident was OOB and the [REDACTED] were on. On 8/28/19 at 1:00 PM, the surveyor met with the Director of Nursing about the above concerns. No further information was provided.	F 658			
F 761 SS=E	NJAC 8:39-27.1(a). 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.	F 761		10/9/19	

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F 761	<p>Continued From page 3</p> <p>§483.45(h) Storage of Drugs and Biologicals</p> <p>§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.</p> <p>§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.</p> <p>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 properly label, store and dispose of medications. The deficient practice was observed in 6 of 6 medication carts and 3 of 3 medication refrigerators inspected and evidenced by the following:</p> <p>On 8/22/19 at 9:20 AM, the surveyor inspected the [redacted] unit medication refrigerator in the presence of a Licensed Practical Nurse #1 (LPN). The surveyor observed an opened [redacted] that was not dated and an expired [redacted] that had an expiration date of 8/19/19. The surveyor interviewed LPN #1 who stated that an opened [redacted] should have been dated and that the [redacted] was expired and should have been removed from stock.</p>	F 761	<p>All medications that were unlabeled and/or undated were labeled and/or dated.</p> <p>[redacted] wing refrigerator was replaced.</p> <p>All medications that were wet were discarded and new medications were ordered.</p> <p>All expired medications were discarded and new medications ordered.</p> <p>All residents have the potential to be affected by this practice.</p> <p>Center Nurse Executive reviewed current Medication storage areas on all nursing units and any expired and/or undated/labeled medications were addressed and current medication refrigerators are in working order and medications are stored under appropriate</p>		

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F 761	<p>Continued From page 4</p> <p>On 8/22/19 at 9:35 AM, the surveyor inspected the █ unit Teen's medication cart in the presence of a Registered Nurse #1 (RN). The surveyor observed the following: one opened bottle of █ that were all opened and not dated. The surveyor interviewed RN #1 who stated the medications that were opened should have been dated.</p> <p>The surveyor also observed the following: one opened █ not dated with a pharmacy label date of 6/23/19; one opened █ not dated with a pharmacy label date of 7/7/19 and one opened █ not dated with a pharmacy label date of 4/19/19. RN #1 stated she was unable to determined when the █ were opened and that she should have followed the dates on the pharmacy label. According to the pharmacy label dates, the medications were expired.</p> <p>On 8/22/19 at 9:45 AM, the surveyor inspected the █ unit 20's medication cart in the presence of RN #2. The surveyor observed the following: an opened bottle of █ and one opened █ that were not dated. The surveyor interviewed RN #2 who stated that the medications when opened should have been dated.</p> <p>On 8/22/19 at 9:50 AM, the surveyor inspected the █ unit 20's medication cart in the presence of LPN #2. The surveyor observed the following: one opened █, two opened</p>	F 761	<p>temperature.</p> <p>Nurse Practice Educator/Designee will re-in-service Licensed Nurses on Policy and procedure on labeling, dating and appropriate storage of medications. Current Licensed nurses were re-in-serviced on proper process of refrigerator temps and on documentation of refrigerator temp log sheets.</p> <p>An audit will be performed weekly x 3 months by Unit Manager/Designee of medication carts and refrigerators for any undated, unlabeled, or expired medications and submitted to CNE for review.</p> <p>Refrigerator temperature logs will be audited weekly x 3 months by Unit Manager/Designee and submitted to CNE for review.</p> <p>Outcomes will be reviewed at the monthly Quality Assurance Process Improvement meeting until the committee agrees the problem is corrected.</p>	

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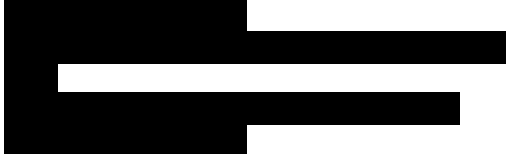
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F 761	<p>Continued From page 5</p> <p>██████████, one opened ██████████ and an opened ██████████ that were not dated. The surveyor interviewed LPN #2 who stated that the medications once opened should have been dated.</p> <p>On 8/22/19 at 9:50 AM, the surveyor inspected the ██████ unit medication refrigerator in the presence of LPN #2. The surveyor observed two opened ██████████ that were not dated. The surveyor also observed the medication refrigerator that was defrosting and multiple medications that were wet and sitting in water, specifically inside the narcotic box. Medications were wet to a point that the pharmacy labels were coming off and were illegible.</p> <p>The surveyor observed the refrigerator temperature to be at 36 degrees (normal range is 36 to 46 degrees). The surveyor found the following medications inside the refrigerator while it was defrosting; five bottles of ██████████</p> <p>██████████</p> <p>The surveyor interviewed LPN #2 who stated that an opened ██████████ should be dated. LPN #2 also stated that the medications inside the refrigerator should not be wet and that the refrigerator was not working properly.</p> <p>The surveyor interviewed the Unit Manager (UM) who stated that the refrigerator temperatures are checked every evening and that she was unable to tell the surveyor for how long the refrigerator</p>	F 761		

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F 761	<p>Continued From page 6 was defrosting.</p> <p>The surveyor interviewed the Director of Nursing (DON) and the Administrator, who were present in the medication room. They both stated that the refrigerator appeared to be leaking water and needed to be replaced. The DON stated that all medications that were wet should not be used and should be replaced by the pharmacy.</p> <p>On 8/22/19 at 10:30 AM, the surveyor inspected the █ unit Teen's medication cart in the presence of LPN #3. The surveyor observed the following: an opened bottle of █, 3 opened █, 2 opened █, 3 opened █, 2 opened █ and 3 bottles of opened and not dated █. The surveyor interviewed LPN #3 who stated that the medications once opened should have been dated.</p> <p>On 8/22/19 at 10:50 AM, the surveyor inspected the █ unit Teen's medication cart in the presence of RN #3. The surveyor observed an opened bottle of █ and an opened vial of █ that were not dated. RN #3 stated the medications once opened should have been dated.</p> <p>On 8/22/19 at 10:55 AM, the surveyor inspected the █ unit medication refrigerator in the presence of RN #3. The surveyor observed an opened vial of █ that was not dated. The surveyor interviewed RN #3 who stated the opened vial of █ should have been dated.</p> <p>On 8/22/19 at 11:00 AM, the surveyor inspected the █ unit 20's medication cart in the presence of</p>	F 761			

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F 761	<p>Continued From page 7</p> <p>LPN #4. The surveyor observed two opened [REDACTED] and one opened vial of [REDACTED] that were not dated. The surveyor interviewed LPN#4 who stated that the medications once opened should have been dated.</p> <p>A review of Manufacturer's Specifications for the above medications revealed the following:</p> <p>[REDACTED]</p>	F 761		

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F 761	<p>Continued From page 8</p>  <p>A review of the Consultant Pharmacist (CP) unit inspections reports titled "Rx Recommendations" dated 6/5/19, 7/5/19 and 8/2/19, revealed that the CP notified the facility of opened and undated or expired medications found during the monthly unit inspections.</p> <p>On 8/29/19 at 11:00 AM, the surveyor interviewed the DON who stated that all the recommendations that are found during the monthly unit inspections are brought to the attention of the UM and corrected immediately. The DON also stated that these recommendations are addressed in a meeting between the UM and the nursing staff. There was no documentation that additional actions were taken to ensure continued compliance.</p> <p>A review of the facility's policy titled Storage and Expiration Dating of Medications, Biological's, Syringes and Needles under #4 indicated the following; "Facility should ensure that medications and biological's that: (1) have an expired date on the label; (2) have been retained longer than recommended by manufacturer or supplier guidelines; or (3) have been contaminated or deteriorated, are stored separate from the other medications until destroyed or returned to the pharmacy or supplier." Under #5 indicated the following; "Once any medication or biological package is opened, Facility should follow manufacturer/supplier guidelines with respect to expiration dates for opened medications. Facility</p>	F 761			

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F 761	Continued From page 9 staff should record the date opened on the medication container when the medication has a shortened expiration date once opened." Under #6 indicated the following; "Facility should destroy and reorder medications and biological's with soiled, illegible, worn, makeshift, incomplete, damaged or missing labels or cautionary instructions." Under #11 indicated the following; "Facility should ensure that medications and biologicals are stored at their appropriate temperatures according to the United States Pharmacopoeia guidelines for temperature ranges. Facility staff should monitor the temperature of vaccines twice a day."	F 761			
F 812 SS=F	NJAC: 8:39-29.4 (A) (H) and (d) Food Procurement,Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2) §483.60(i) Food safety requirements. The facility must - §483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities. (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations. (ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices. (iii) This provision does not preclude residents from consuming foods not procured by the facility. §483.60(i)(2) - Store, prepare, distribute and	F 812		10/9/19	

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F 812	<p>Continued From page 10</p> <p>serve food in accordance with professional standards for food service safety. This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview, and review of documentation provided by the facility, it was determined that the facility failed to maintain the kitchen environment and equipment in a sanitary manner to prevent contamination from foreign substances and potential for the development of a food borne illness.</p> <p>This deficient practice was evidenced by the following:</p> <p>On 8/22/19 at 9:20 AM, in the presence of the Director of Dining Services (DDS) the surveyor observed the following:</p> <ol style="list-style-type: none"> There were no hands free garbage cans near the two handwashing sinks in the kitchen. There were two large gray garbage containers covered with lids near one of the sinks and no garbage container anywhere near the other handwashing sink. <p>The DDS stated that after handwashing the staff members would have to use their clean hands to lift the cover of the garbage container in order to dispose of the paper towels used to dry their hands. The DDS told the surveyor that he only had one hands free, flip top, garbage container that was being washed. The DDS also reported that he did not have another hands free, flip top, garbage container for the other handwashing sink.</p> <ol style="list-style-type: none"> The surveyor observed a rubber mat over the drain in the sink, when the DDS lifted the mat 	F 812	<p>The following items were addressed immediately.</p> <ol style="list-style-type: none"> (2) foot pedal trashcans were cleaned and placed by each handwashing stations. <p>DDS has been in serviced on proper infection control procedure.</p> <ol style="list-style-type: none"> Towel was removed. Wall and soap dispenser were immediately cleaned. All items found wet nesting were removed from service and rewashed and allowed to air dry before being stored appropriately. Cart was cleaned and trays rewashed and allowed to air dry before being stored appropriately Wooden ledge was cleaned immediately. Spices were disposed of immediately. Dish area was power washed. <p>DDS has in serviced staff on daily completion of job assignments</p> <ol style="list-style-type: none"> All walls of the kitchen were cleaned. Kitchen floor and baseboards were power washed. <p>DDS has been in serviced on daily completion of job assignments</p> <ol style="list-style-type: none"> Steam Table electrical junction box was immediately cleaned. Shelf below steam table was immediately cleaned and all scoop plates were rewashed and allowed to air dry before being stored appropriately. Backsplash of stove and all burner 		

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F 812	<p>Continued From page 11</p> <p>there was a large cloth towel packed into the drain and blocking the flow of water down the drain. The DDS stated the towel didn't belong there and he removed the water soaked towel from the area.</p> <p>3. The wall behind one of the handwashing sinks had dried brown drippings and the soap dispenser was soiled with multiple dried black stains.</p> <p>4. The following items were observed wet nested on a rack in the clean pot and pan room, 37 flat sheet pans, 24 food trays and seven baking pans. The DDS stated that these items were clean and ready for use.</p> <p>5. A cart that the clean food trays were stored on was soiled with brown, white and beige particles.</p> <p>6. In the clean pot and pan room the surveyor observed wooden structure protruding from the wall that was soiled with a large area of dried reddish brown liquid on top. The DDS that is was a wall radiator that was not in use and had been covered over with wood.</p> <p>7. Four spice containers lids were open to air on the spice shelf.</p> <p>8. The back splash behind the dishwasher was soiled with dried white debris and the outside of the dishwasher was soiled with dried, white drippings on the front and sides. The DDS stated that this should be cleaned daily.</p> <p>9. The walls throughout the kitchen was soiled with brown and white debris.</p>	F 812	<p>grates were deep cleaned in the evening using heavy degreaser, all knobs removed and soaked to remove excess grease build up. DDS has developed a cleaning schedule for all major kitchen equipment.</p> <p>14. Bottom shelf of the cooks table was immediately cleaned.</p> <p>15. Plate warmer was immediately cleaned.</p> <p>16. All dishes were rewashed. DDS has been in serviced on ware washing & service ware storage procedure.</p> <p>17. Cooks refrigerator was immediately cleaned.</p> <p>A new daily cleaning matrix has been created for the staff to sign off on daily at the completion of their shift verifying that all assignments and cleaning projects were completed. Upon verification of completion they will be kept in a binder in the manager's office. Dietary staff have been in serviced on this procedure.</p> <p>Center acknowledges that all residents have the potential to be affected by these practices. Kitchen inspections continue daily and corrective action will be taken immediately to rectify any items found to be out of compliance.</p> <p>Dietary staff was in serviced on proper hand washing procedures, completion of Daily Cleaning assignments, proper ware washing procedures and service ware storage, and food storage with the corrective action to take when procedure in not meet.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315050	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 08/29/2019
NAME OF PROVIDER OR SUPPLIER BURLINGTON WOODS			STREET ADDRESS, CITY, STATE, ZIP CODE 115 SUNSET ROAD BURLINGTON, NJ 08016		
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F 812	Continued From page 12 10. There was a large buildup of a black grease-like substance where the floor tiles met the wall throughout the kitchen, especially in the corners and underneath the dishwasher area. Two empty sugar packets were imbedded into the black grease-like substance along with other unidentifiable particles. The DDS stated that the floors should be washed daily. 11. The steam table socket and electrical junction box, on the outside wall of the steam table, had a large amount of brown, white and black food particles imbedded into them and the rest of the outside wall was soiled with dried brown, beige drippings. 12. The shelf below the steam table, where the clean scoop dishes were being stored, was soiled with brown and white food particles. 13. The bottom half of the back splash on the oven was soiled with a dried brown, black grease like substance. All the burner knobs on the oven were soiled with a dried black, brown grease like substance. The inside of the oven was soiled with black/brown particles on the sides and bottom of the oven. The DDS stated that the inside of the ovens should have been cleaned five times a week and the stove top should be cleaned daily. 14. The bottom shelf of the cook's table was soiled with brown and white food particles. 15. The front, top and sides of the outside of the plate warmer machine was soiled with white and brown debris as well as dust particles. 16. There were 30 dishes in the plate warmer	F 812	The Director of Dietary or his designee will perform daily rounds to ensure compliance and will compile a weekly audit/report. Weekly audits/reports will be discussed with the Administrator weekly. Those weekly audits will be compiled and discussed at the monthly QAPI meeting until center feels the issues have been resolved.		

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F 812	<p>Continued From page 13</p> <p>that had brown, white and yellow dried food particles on them. The DDS stated that these dishes were clean and ready for use.</p> <p>17. The right side of the cook's refrigerator was soiled with dried white drippings.</p> <p>The surveyor requested the cleaning schedule for the kitchen from the DDS. The DDS directed the surveyor to a bulletin board that had five forms titled, "Job Flow Position" for all five positions that listed each dietary person's responsibilities. Each one included "Do cleaning assignment, then sign that it was done."</p> <p>There was no area on the forms for the dietary workers to sign when they completed their assignments. When the surveyor asked to see the signed sheets with the actual cleaning responsibilities listed, the DDS stated we keep them in a book. The DDS was unable to find the "book" that contained them throughout the duration of the survey.</p> <p>On 8/22/19 at 11:00 AM, the surveyor interviewed a Dietary Aide (DA) in the presence of the DDS about the cleaning schedules. The DA stated, "I look at the list on the wall and that is what I follow." When the surveyor asked the DA if she signs a form when she completes her assignment, the DA stated, "No." The DDS then stated that there used to be a form that was posted on the bulletin board for them to sign, but lately it was not being put up or filled out.</p> <p>A review of the facility's policy titled, Cleaning Schedule indicated under Process #3, "The DDS or designee post the weekly Department Cleaning Schedule in an area accessible to Food</p>	F 812			

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

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F 812	Continued From page 14 and Nutrition Services employees" and under Process #5, "Upon completion of the assignment the employees initials the Department Cleaning Schedule." NJAC 8:39-17.2(g)	F 812		