STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315346	A. BUILDING ______ B. WING ______	10/20/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
N J VETERANS MEM HOME PARAMUS	**1 VETERANS DRIVE PARAMUS, NJ 07652**

(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: 10/18/2021- 10/20/2021 CENSUS: 191 SAMPLE: 53 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. In addition, a COVID-19 Focused Infection Control Survey was conducted.	F 000		
F 759 SS=D	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, staff interviews, record review, and facility policy review, it was determined the facility failed to maintain an error rate of less than 5%. There were two medication errors out of 30 opportunities which resulted in a 6% medication error rate. Medications given by Licensed Practical Nurse (LPN) #1 exceeded the time frame for medication administration. LPN #1 also failed to follow medication instructions by not giving medication with food as prescribed. Findings included: 1. A medication administration pass was	F 759	Corrective Action 483.45(f) Medication error are not 5% or greater. -#56 was affected by this deficient practice. -The facility will receive carbidopa/levodopa 25/100 Milligram Tablet and potassium chloride 10 mill equivalents (MEGA) tablets with food. -The nurse will provide cracker or milk, which are on the medication cart, when a medication was ordered to be taken with food and the breakfast hour had passed per The New Jersey Administrative Code 8:39-29.2(d).	12/14/21

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Electronically Signed | TITLE | (X6) DATE: 11/10/2021

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315346	A. BUILDING ______ B. WING ______	10/20/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
N J VETERANS MEM HOME PARAMUS	**1 VETERANS DRIVE** **PARAMUS, NJ 07652**

(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 759

Continued From page 1
observed on 10/18/2021 at 9:20 AM, with LPN #1. LPN #1 administered medication to Resident #56 which included NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1. . No food was administered at that time.

Following the medication pass, a medication reconciliation (a review of physician orders compared to what medications were given) was conducted. The physician orders, dated 10/2021, indicated 1) NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1. NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1. NJAC 8:43E-2.1 and Exec s NJAC 8:43E-2.1 an at 7:30 AM, 11:30 AM, and 4:30 PM. 2) NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1. to be given NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1. at 7:30 AM.

On 10/18/2021 at 10:51 AM, an interview was conducted with LPN #1. The LPN stated he knew those two medications were given late, and the only reason was because of the number of residents the LPN had to pass medications to. The LPN stated the breakfast trays came to the floor at 7:30 AM. LPN #1 stated he did not know how much or what the resident had eaten for breakfast.

On 10/18/2021 at 3:24 PM, an interview was conducted with Nursing Supervisor (NS) #1. The NS stated the breakfast trays came up to the floor at 7:30 AM, but if the medication was given later, then the resident should have been given something to eat with it. NS #1 stated she expected the LPN to call the physician if the medications were given late.

On 10/19/2021 at 3:43 PM, an interview was

F 759

-The LPN #1 is expected to call the physician if the medication is given late.

Potential To Affect
-This deficiency has the potential to affect all residents, staff and families POAs in the facility.

Systemic Change
-The Nursing staff was in-serviced to ensure that medications are to be given within the "Medication Pass Safety and Infection Control Reminders, "undated, indicated, "14: Administer all medications within time frame (one hour before-to-one-hour after)."
Ensure implementation of already established Facility Standards of Practice and Medication Pass Protocol to include:
-All medications must be passed within one hour before or one hour after scheduled time.
-The physician will be consulted by the LPN or RN if the medication was unable to be given in allotted facility time frame (1 hour before time due or 1 hour after time due)
-If medication is ordered to be given with food, nurse will ensure that crackers and milk will be given if breakfast hour/meal time has already passed

Monitoring:
-Pharmacy consultant will review med pass during the quarter bi-weekly and report results to the quarterly QAPI Committee for further action planning as needed.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315346	A. BUILDING ______ B. WING ______	10/20/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
N J VETERANS MEM HOME PARAMUS	**1 VETERANS DRIVE PARAMUS, NJ 07652**

(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 759	Continued From page 2 conducted with the Director of Nursing (DON). The DON stated medications were to be given within a one-hour window of the ordered time. The DON stated she expected the nurse to give crackers or milk, which are on the medication cart, when a medication was ordered to be taken with food and the breakfast hour had passed. A review of the facility procedure, titled, "Medication Pass Safety and Infection Control Reminders," undated, indicated, "14: Administer all medications within time frame (one hour before-to-one-hour after)." New Jersey Administrative Code § 8:39-29.2(d)	F 759	-Pharmacy consultant/nurse educator/designee will Continue to observe med pass LPN #1 every week for 3 months. Then will continue to observe med pass monthly for 4 months. And then monitor LPN #1 quarterly. -Pharmacy consultant and nurse educator will continue to assess nurse performance with medication pass audits and provide re-education on the spot as needed.	

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

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER (Y1)	MULTIPLE CONSTRUCTION A. Building B. Wing (Y2)	DATE OF REVISIT (Y3)
315346		2/14/2022

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
N J VETERANS MEM HOME PARAMUS	1 VETERANS DRIVE PARAMUS, NJ 07652

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 F0759 Reg. # 483.45(f)(1) LSC	Correction Completed 12/14/2021	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	ID Prefix Reg. # LSC	Correction Completed

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	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO
10/20/2021	