

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

PRINTED: 02/20/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315269	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 01/29/2020
NAME OF PROVIDER OR SUPPLIER VILLAGE POINT			STREET ADDRESS, CITY, STATE, ZIP CODE THREE DAVID BRAINERD DRIVE MONROE TOWNSHIP, NJ 08831		
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F 000	INITIAL COMMENTS CENSUS: 90 SAMPLE SIZE: 21 A Recertification Survey was conducted to determine compliance with 42 CFR Part 483, Requirements for Long Term Care Facilities. Deficiencies were cited for this survey.	F 000			
F 658 SS=D	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 follow professional standards of nursing practice by administering expired [REDACTED] medication to a resident. This deficient practice was identified for Resident #35, 1 of 21 residents reviewed for medication and 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 included, "The practice of nursing as a licensed practical nurse is defined as performing tasks and responsibilities within the framework of casefinding; reinforcing the patient and family teaching program through health teaching, health counseling and provision of supportive and restorative care, under the direction of a	F 658	The facility is submitting this Plan of Correction in compliance with the law. Nothing in this Plan of Correction constitutes or shall be construed as an admission that the facility has failed to comply with any statutory or regulatory standard. 1. How the corrective action will be accomplished for the resident(s) affected by the deficient practice: Resident #35 has had the expired medication re-ordered from the pharmacy and the remaining medications audited for expiration dates. The physician was contacted and notified of the administration of expired medication with	2/5/20	

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

TITLE

(X6) DATE

Electronically Signed

02/04/2020

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>registered nurse or licensed or otherwise legally authorized physician or dentist."</p> <p>On 01/28/20 at 10:47 AM, in the presence of a Licensed Practical Nurse (LPN), the surveyor inspected the "Even Medication Cart" on the [REDACTED] Unit. During the inspection, the surveyor observed a [REDACTED], a [REDACTED] that contained a medication used to control [REDACTED] which was stored in a plastic bag on the top drawer of the medication cart. The surveyor observed that the [REDACTED] label had a handwritten opened date of 12/27/19. Above the 12/27/19 opened date, there was a printed cautionary label to discard unused medication after 28 days of the date the [REDACTED] was opened, which indicated the medication should have been discarded by 01/24/20. When interviewed, the LPN inspected the medication cart, in the presence of the surveyor, and stated the 12/27/19 [REDACTED] was currently being used for Resident #35 and there were no other [REDACTED] stored in the medication cart for the resident. The LPN further stated the resident might have an additional [REDACTED] in the [REDACTED] Unit medication room (medication room) refrigerator. The LPN entered the medication room and returned to the medication cart. At which time, the LPN informed the surveyor that she checked the medication room refrigerator, and Resident #35 did not have an additional [REDACTED] stored in the medication room refrigerator. The LPN stated that Resident #35 was due to receive a dose in the evening, and she would call the pharmacy to reorder it.</p> <p>On 01/28/20 at 10:54 AM, the surveyor inspected</p>	F 658	<p>no new orders given. Resident #35 suffered no adverse effects as a result.</p> <p>2. How is the facility will identify other residents having the potential to be affected by the same deficient practice:</p> <p>All residents have the potential to be affected by the deficient practice.</p> <p>3. What measures will be put in place or systematic changes made to ensure that the deficient practice will not recur:</p> <p>All nursing staff will be in-serviced on proper medication storage policy and ensuring that expiration medications are not administered.</p> <p>Monthly audits of [REDACTED] will be conducted by the DON, Pharmacy Consultant, or designee to ensure that they are in date and not expired.</p> <p>4. How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur:</p> <p>Results of the monthly audits will be reported to the QAPI committee monthly for a period of six (6) months. The Director of Nursing or designee will monitor.</p>		

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F 658	<p>Continued From page 2</p> <p>the medication room, in the presence of the LPN, and observed no additional [REDACTED] for Resident #35.</p> <p>According to the Face Sheet, Resident #35 was admitted to the facility with diagnoses which included [REDACTED].</p> <p>The quarterly Minimum Data Set (MDS), an assessment tool used to facilitate care dated [REDACTED], revealed that Resident #35 was [REDACTED] and had received [REDACTED] 7 out of 7 days during the assessment period.</p> <p>Resident #35's January 2020 Physician Order Sheet (POS) reflected a 06/27/19 physician order to administer [REDACTED] one time daily with the scheduled administration time of 7:30 AM. The POS reflected a second physician order, dated 10/17/19, to administer [REDACTED] one time daily with the scheduled administration time of 9:00 PM.</p> <p>Resident #35's January 2020 Electronic Medication Administration Record (eMAR) reflected the corresponding 06/27/19 physician order for [REDACTED] to be administered at 7:30 AM, and the 10/17/19 physician order for [REDACTED] to be administered at 9:00 PM.</p> <p>The January 2020 eMAR reflected the nurses administered the expired medication on the following dates: 01/25/20 at 7:30 AM for a BS of 160;</p>	F 658			

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F 658	<p>Continued From page 3</p> <p>01/25/20 at 9:00 PM for a [REDACTED]; 01/26/20 at 7:30 AM for a [REDACTED]; 01/26/20 at 9:00 PM for a [REDACTED]; 01/27/20 at 7:30 AM for a [REDACTED]; 01/27/20 at 9:00 PM for a [REDACTED]; 01/28/20 at 7:30 AM for a [REDACTED].</p> <p>During a follow-up interview with the surveyor on 01/28/20 at 11:16 AM, the LPN stated Resident #35 received [REDACTED] twice daily, one dose in the morning, and the other dose at bedtime. The LPN said the resident received [REDACTED] in the morning as long as the resident's [REDACTED] level measured above [REDACTED]. At which time, the LPN confirmed she administered the expired 12/27/19 [REDACTED] to Resident #35 that morning. The LPN stated she checked the medication label and dates when administering the [REDACTED]. When questioned why the expired medication was administered that morning, the LPN stated that she thought the [REDACTED] expired 31 days after opening. The LPN further stated she spoke with the pharmacist, who confirmed the [REDACTED] was to be discarded 28 days after opening.</p> <p>During an interview with the surveyor on 01/28/20 at 12:22 PM, the Director of Nursing (DON) stated the nurse was to check the physician order three times before administering the [REDACTED]. The DON said the nurse should check the date on the [REDACTED] to make sure it was not outdated. The DON further stated there was a guide for nurses in the narcotic book on the medication carts that listed expiration dates for opened medications.</p> <p>The surveyor reviewed the 2018 "Expiration Dates for Opened Medications" sheet, provided</p>	F 658		

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F 658	<p>Continued From page 4</p> <p>by the DON, which revealed to date a [REDACTED] when removed from the refrigerator and to discard the [REDACTED] after 28 days.</p> <p>Review of the facility's Storage of Medications policy, with the revision date of 05/1/2017, indicated the facility should not use outdated drugs.</p> <p>Review of the facility's Administering Medications policy, with the revision date of 02/6/18, reflected, "Medications that have a specific shelf life as per the manufacture should be dated upon opening and discarded as specified, ie. [REDACTED]"</p> <p>NJAC 8:39-11.2(b), 27.1(a)</p>	F 658			