| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 315477 | A. BUILDING _____ B. WING _____ | 05/20/2021 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| CARE ONE AT WAYNE - SNF | 493 BLACK OAK RIDGE ROAD WAYNE, NJ 07470 |

| (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 |
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| F 000 | INITIAL COMMENTS<br><br>Standard Survey: 5/20/2021<br><br>Census: 51<br><br>Sample Size: 17<br><br>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.<br><br>A COVID-19 Focused Infection Control Survey was conducted in conjunction with the recertification survey. The facility was found to be in compliance with 42 CFR §483.80 infection control regulations as it relates to the CMS and Centers for Disease Control and Prevention (CDC) recommended practices for COVID-19.<br><br>The facility is not in substantial compliance with the requirements of 42 CFR Part 483, Subpart B, for long term care facilities. | F 000 | | |
| F 658 SS=D | Services Provided Meet Professional Standards CFR(s): 483.21(b)(3)(i)<br><br>§483.21(b)(3) Comprehensive Care Plans<br>The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- | F 658 | | 5/26/21 |

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

Electronically Signed | 05/25/2021

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| F 658 | Continued From page 1<br>(i) Meet professional standards of quality.<br>This REQUIREMENT is not met as evidenced by:<br>2. On 5/13/21 at 11:31 AM the surveyor inspected medication cart [redacted] on the [redacted] Unit with LPN #2. The surveyor observed a [redacted] pen stored in the cart. There was an open date of [redacted] written on the pen. There was also an expiration date of [redacted] written on the pen. The [redacted] was labeled for Resident # 136. The surveyor confirmed the open date and the expiration date with LPN # 2. The surveyor asked LPN #2 if Resident #136 received that [redacted] that day. LPN # 2 said yes, she had given it to the resident that morning and didn't notice that it was expired. LPN # 2 further stated there was a new [redacted] pen in the refrigerator she would take out and start using.<br><br>According to manufacturer specifications, once opened, [redacted] pens should be discarded after 28 days.<br><br>On 5/13/21 at 12:00 PM the surveyor reviewed the medical record for resident # 136 which revealed the following:<br><br>An admission sheet that listed a diagnoses of [redacted] without Complications.<br><br>A current Physician's Order Sheet which included an order that read: [redacted] Pen-injector [redacted] refrigerate before opening. Once opened may store at room temperature. Date when opened and discard after 28 days. Do not mix with other [redacted] The order date was [redacted] and there was a start date of [redacted] | F 658 | 1. Resident identified that received expired [redacted] had no changes in condition, [redacted] were not affected. [redacted] was discarded immediately, new [redacted] ordered from pharmacy, received, properly labeled with 28 day expiration.<br><br>Resident identified with Physicians order for [redacted] PRN that did not have routine [redacted] monitoring after review with the Physician the PRN [redacted] order was discontinued. Resident did not have any negative effect for lack of [redacted] monitoring.<br><br>2. Residents receiving [redacted] injections have the potential to be affected. Director of Nursing/ Designee will audit current residents with Physician orders for [redacted] for proper labeling and storage.<br><br>Residents with Physician orders for PRN insulin have the potential to be affected. Director of Nursing/ Designee will audit all current residents for PRN [redacted] orders to ensure routine order for corresponding [redacted] monitoring.<br><br>3. The Facility educator/ Designee will in-service all licensed nurses proper [redacted] labeling upon opening with date and date of expiration per manufacturers guidelines.<br><br>The Assistant Director of Nursing/ Designee will conduct weekly all | |

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| F 658 | Continued From page 2<br><br>A current Medication Administration Record (MAR) that listed [redacted] before opening. Once opened may store at room temperature. Date when opened and discard after 28 days. Do not mix with other [redacted] There was a start date of [redacted] The MAR was initialed by a nurse in every box since the order date to indicate the [redacted] had been given. The MAR also included a previous order for [redacted] with a start date of [redacted] and a discontinued date of [redacted]. The previous order read [redacted] in the morning for [redacted]. Refrigerate before opening. Once opened may store at room temperature. Date when opened and discard after 28 days. Do not mix with other [redacted] The MAR was initialed by a nurse in every box since the order date to indicate the [redacted] had been given.<br><br>On 5/13/21 at 2:00 PM the survey team spoke to the Director of Nursing and the Administrator about the concern with LPN #2 administering [redacted] after the expiration date written on the [redacted] pen. They agreed that the [redacted] should not have been administered past the expiration date written on the [redacted] pen.<br><br>On 5/17/21 at 10:00 AM the surveyor reviewed the facility's policy and procedure titled [redacted] Administration." Under "Steps in the Procedure" number 4. read; "Check expiration date, if drawing from an opened multi-dose vial. If opening a new vial, record expiration date and time on the vial. (follow manufacturer | F 658 | medication cart audits for proper storage and labeling of [redacted] inclusive of date opened and expiration date.<br><br>The Facility Educator/ Designee will in-service all licensed nurses to ensure when receiving a PRN [redacted] order that a Physician order for routine [redacted] monitoring is in place.<br><br>The Assistant Director of Nursing/ Designee will review Physician orders for residents with a diagnosis for [redacted] weekly for any PRN [redacted] orders to have a physician order for routine monitoring of [redacted]<br><br>Consultant Pharmacist with review all new admissions as part of Medication Review (MRR) process for any PRN [redacted] orders to have a supporting routine [redacted] order. All recommendations communicated to Director of Nursing/ Designee for follow-up as indicated.<br><br>4. The Director of Nursing/ Designee will conduct audits of each of the [redacted] Medication carts weekly for 3 months to verify [redacted] is properly labeled with date opened and date of expiration.<br><br>The findings will be reported to the Quality Assurance Committee monthly for 3 months with further follow-up action as warranted.<br><br>The Director of Nursing/ Designee will conduct audits of all residents with diagnosis of [redacted] weekly for PRN | |

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| F 658 | Continued From page 3<br>recommendations for expiration after opening)." There was no policy provided that was specific to [redacted] pens.<br><br>NJAC 8:39-27.1 (a) | F 658 | [redacted] order to ensure corresponding Physician order for routine [redacted] is in place.<br><br>The findings will be reported to the Quality Assurance Committee monthly for 3 months with further follow-up action as warranted. | |