

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

PRINTED: 03/28/2024  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>315500</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b>  <b>06/04/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>AUTUMN LAKE HEALTHCARE AT VOORHEES</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1086 DUMONT CIRCLE</b> <b>VOORHEES, NJ 08043</b>		
(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  Complaint #: NJ129504, NJ138559, and NJ139401 Census: 100 Sample Size: 8  The facility is not in compliance with the requirements of 42 CFR Part 483, Subpart B, for Long Term Care Facilities based on this complaint survey.	F 000			
F 760 SS=D	Residents are Free of Significant Med Errors CFR(s): 483.45(f)(2)  The facility must ensure that its- §483.45(f)(2) Residents are free of any significant medication errors. This REQUIREMENT is not met as evidenced by: Complaint Intake: NJ139401  Based on record review and interviews, it was determined that the facility failed to ensure residents were free from significant medications errors for 1 (Resident #2) of 4 residents reviewed for medication errors. Specifically, Resident #2 was administered their roommate's medications (NJ EX Order. 264b1) by accident. There were no physician's orders for Resident #2 to receive these medications.  Findings include:  Reference: NJ EX Order. 264b1 [REDACTED] it reads in part, "Safe Medication Administration: To prevent medication errors follow the six rights of medication administration consistently every time	F 760	Resident #2 is no longer in the facility.  All patients have the potential to be affected by the same deficient practice. DON has reviewed all the admissions in the past 30 days and validated narcotic orders for all patients; no discrepancies were found as this was an isolated incident.  Licensed Nurses were educated and in-serviced on proper medication administration guidelines.  The DON will conduct 5 random med passes with Licensed Nurses. Daily audits times five, weekly times three and monthly audits times two; on patients who currently reside in the facility to ensure proper medication administration. Results		7/4/21

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

TITLE

(X6) DATE

Electronically Signed

06/29/2021

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.

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F 760	<p>Continued From page 1</p> <p>you administer medications. 1. The right medication 2. The right dose 3. The right patient 4. The right route 5. The right time 6. The right documentation...Medication errors often harm patients because of inappropriate medication use. Errors include administering...extra doses or failing to administer a medication."</p> <p>1. Resident #2 was admitted to the facility on [REDACTED] According to the [REDACTED] physician's order, diagnoses included [REDACTED]. The admission Minimum Data Set (MDS), dated [REDACTED], revealed the resident was [REDACTED] with a Brief Interview for Mental Status (BIMS) score of [REDACTED]. The resident was no longer resided in the facility.</p> <p>A review of the progress note, dated [REDACTED] revealed the facility's interdisciplinary committee (IDC) team met to review the resident. The report revealed the team met to discuss an incident of medication error with no apparent harm to the resident. The medications were identified as [REDACTED] (a medication used to prevent [REDACTED] and [REDACTED] (an [REDACTED]). [The dosage administered in error could not be verified.] The progress note indicated the IDC team spoke to the resident and the resident stated they were fine, just tired. The resident's vital signs were within the normal range for the resident. The note further revealed the resident was continuously monitored throughout the shift without any complication. The note indicated the resident's family, and the medical director (MD) were made aware of the medication error.</p> <p>The facility nurse who administered the medication was not available for interview during</p>	F 760	<p>of audits will be forwarded monthly to the Quality Assessment and Assurance Committee for review. The Quality Assessment and Assurance Committee will determine the need if any further or continued action is needed.</p>		

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F 760	<p>Continued From page 2 the survey.</p> <p>On <b>06/04/2021</b> at 10:56 AM, Licensed Practical Nurse (LPN) #1 said she received training on medication administration before she worked the floor. She said the training on medication error precautions was done monthly. She said the training entailed a refresher of the six rights of medication administration. She said that the six rights included right resident, medication, dose, time, route, and documentation. She said the training provided by the facility urged the nurses to do the three checks; checking the medication administration record (MAR), check while drawing up medication, and check again at bedside. She said it was important to check for allergies as well before administering medication to the residents in order to prevent adverse reaction.</p> <p>On 06/04/2021 at 1:02 PM, LPN #2 said that to avoid medication error, it was important to have the correct resident identification, correct medication, correct dosage, correct time, and route. She said that it was not only critical to check that the information was correct, she added she would check three times. She said the first check was done when the medication was retrieved from the cart, the second check was done when preparation for the medication administration took place and the final check was done at the resident's bedside just before the medication was given.</p> <p>On 06/04/2021 at 2:49 PM, the Nursing Home Administrator (NHA) and the Director of Nursing (DON) were interviewed. The NHA said she was not employed with the facility at the time of the said incident nor was the DON. The DON clarified that she did on the spot training when a</p>	F 760			

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F 760	<p>Continued From page 3</p> <p>medication error occurred with the nursing staff during her rounds. She said the facility's process was to first prevent medication error from occurring by training nursing staff on the precautions of medication administration before they worked the floor. She said when a medication error did occur, the facility identified the error, notified the MD and the resident/responsible party (RP). She said the resident was monitored for any adverse effect from the error. She stated if an adverse effect was noted, the MD was notified. An order was received in most cases to send the resident to the hospital. The DON said the facility kept the RP apprised on what was going on with the resident until the resident recovered. She stated that a medication error that caused harm to a resident was reported to the state health department.</p> <p>New Jersey Administrative Code § 8:39-29.2 (d)</p>	F 760			

## POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 315500	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	Y2	DATE OF REVISIT 7/4/2021	Y3
NAME OF FACILITY AUTUMN LAKE HEALTHCARE AT VOORHEES			STREET ADDRESS, CITY, STATE, ZIP CODE 1086 DUMONT CIRCLE VOORHEES, NJ 08043		

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 F0760	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 483.45(f)(2)	Completed	Reg. #	Completed	Reg. #	Completed
LSC	07/04/2021	LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
REVIEWED BY STATE AGENCY <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE	
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE	
FOLLOWUP TO SURVEY COMPLETED ON 6/4/2021		<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? <div style="float: right;"> <input type="checkbox"/> YES   <input type="checkbox"/> NO         </div>			