New Jersey Department of Health

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			7. BOILBING.		С
		15A005	B. WING		05/31/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STA	TE, ZIP CODE	
PREMIER	CADBURY OF CHERRY	HILL 2150 RC			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	Y HILL, NJ 08002	PROVIDER'S PLAN OF CORRECTIO	N (X5)
PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLETE
A 000	Initial Comments		A 000		
	Initial Comments: TYPE OF SURVEY:	Complaint			
	COMPLAINT #: NJ00117990, NJ00112784, NJ00100050, NJ00100051				
	CENSUS: 65				
	SAMPLE SIZE: 3				
	The facility is not in substantial compliance with all of the standards in the New Jersey Administrative Code 8:36, Standards for Licensure of Assisted Living Residences, Comprehensive Personal Care Homes and Assisted Living Programs. The facility must submit a plan of correction, including a completion date for each deficiency and ensure that the plan is implemented. Failure to correct deficiencies may result in enforcement action in accordance with provisions of New Jersey Administrative Code Title 8, Chapter 43E, Enforcement of Licensure Regulations.				
A 935	qualified personnel in orders, facility or proo requirements, caution	ceutical Services nall be administered by accordance with prescriber gram policy, manufacturer's nary or accessory warnings, state laws and regulations.	A 935		

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

TITLE

(X6) DATE

07/12/19

PRINTED: 08/19/2019 FORM APPROVED

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		IDENTIFICATION NUMBER:				
					c	
		15A005	B. WING		05/3	1/2019
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
PREMIER	CADBURY OF CHERRY	2150 ROUT	E 38			
I IXEMILIX	CADBORT OF CHERRY	CHERRY H	ILL, NJ 08002			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETE DATE
A 935	Continued From page	÷ 1	A 935			
	by: Complaint#: NJ0010 Based on observation review, it was determ ensure that medication accordance with pressure sidents reviewed, R. This deficient practice following: On 5/31/2019 the surrecords of Resident # observed the following. 1. Resident #1 move 2017 with diagnoses pressure and neuropa observed a Physician which documented to the list of allergies. S. Medication Administrations.	n, interview and record ined that the facility failed to ons were administered in criber orders for 2 of 4 desident #1 and Resident #2. was evidenced by the everyor reviewed the medical of and Resident #2 and g: d into the facility in February which included high blood athy. The surveyor 's Order dated 3/3/2017, discontinue Lisinopril from urveyor review of the ation Record (MAR)				
	one tablet by mouth of was discontinued. The MAR for April 2017 ar	2017, Lisinopril 10 milligrams laily for high blood pressure ne surveyor observed the nd observed that Resident Lisinopril as prescribed.				
	The surveyor reviewe	d the MAR for May 2017 inopril had been resumed				
	on 5/31/2019 at 12:15 Licensed Practical Nu #1's, Lisinopril instead from the list of allergie that it was the Consul	wed the Director of Nursing 5 p.m., who stated that the urse discontinued Resident d of removing the Lisinopril es. The DON also stated ltant Pharmacist that caught arterly review in May 2017.				

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NAME OF PROVIDER OR SUPPLER 15A005 15A005 15A006 1	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2150 ROUTE 38 CHERRY HILL, NJ 08092 SUMMAND STATEMENT OF DEPICIENCIES (PACH) DEPICENCY AUST EST PRECEDED BY FULL RECHARDON OR I.S. ELEMINIVAN BATCHMANDON) A 935 Continued From page 2 The DON further stated that the Lisinopril was resumed on 5/4/2017. 2. Resident #2 moved into the facility in June 2013 with diagnoses which included high blood pressure and glaucoma. The surveyor observed a Physician Order Sheet dated April 2017 and signed by the Medical Doctor (MD) or 4/17/2017, for the following medications: Combigan solution 0.2/0.5%, one drop to be instilled in the left eye twice daily and Lotemax 0.5% ophthalmic get; one drop left eye twice daily. The surveyor observed the MAR for May 2017, which documented that Resident #2 received the Combigan eye drops once per day at 5.00 p.m., on May 1. 2 and 3, 2017 and 1.0 tomax eye drop once per day at 5.00 p.m., on May 1. 2 and 3, 2017 and Lotemax eye drop once per day at 5.00 p.m., on May 1 and 2, 2017 not as prescribed. The DON stated that Resident #2 received the eye drops, however, the LPN did not signt the MAR after the eye drops were administered. The DON stated that MRR documented that the eye drops were signed out once per day at 5.00 p.m. on May 1. 2 and 3, 2017 and 2, 2017 not as prescribed. The facility failed to ensure that Resident #1 and Resident #2 received medications in accordance with prescriber orders and failed to tensure that medications were always transcribed tool to the MARs accurately to elett staff to administer and the MAR accurately to lett staff to administer and the MAR accurately to elett staff to administer and the MAR accurately to elett staff to administer and the MAR accurately to elett staff to administer and the medications were always transcribed onto the MARs accurately to elett staff to administer and the MAR accurately to elett staff to administer and the MAR accurately to elett staff to administer and the MARS accurately to elett staff to administe	AND PLAN C	JF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED
PREMIER CADBURY OF CHERRY HILL MAIN D SUMMARY STATEMENT OF DEFICIENCIES D PREFIX TAG			15A005	B. WING		_
CHERRY HILL, NJ 08002 CAMPIETE CHERRY HILL CHERRY HILL, NJ 08002 CHERRY HILL, NJ 08002 CHERRY HILL C	NAME OF P	ROVIDER OR SUPPLIER		, ,	ITE, ZIP CODE	
REGINATORY OR LSC IDENTIFYING INFORMATION) A 935 Continued From page 2 The DON further stated that the Lisinopril was resumed on 5/4/2017. 2. Resident #2 moved into the facility in June 2013 with diagnoses which included high blood pressure and glaucoma. The surveyor observed a Physician Order Sheet dated April 2017 and signed by the Medical Doctor (MD) on 4/7/2017, for the following medications: Combigan solution 0.2/0.5%, one drop to be instilled in the left eye twice daily and Lotemax 0.5% ophthalmic gel; one drop left eye twice daily and Lotemax 0.5% ophthalmic gel; one drop left eye twice daily. The surveyor observed the MAR for May 2017, which documented that Resident #2 received the Combigan eye drops once per day at 5:00 p.m., on May 1, 2 and 3, 2017 and Lotemax eye drop once per day at 5:00 p.m., on May 1 and 2, 2017 not as prescribed. The DON stated that Resident #2 received the eye drops, however, the LPN clid not sign the MAR after the eye drops were administered. The DON stated that during monthly recaps, the Nurse failed to transcribe the correct times for the eye drop to be administered. The DON confirmed that the MAR documented that the eye drops were signed out once per day at 5 once and make the eye drops were administered. The DON confirmed that the MAR documented that the eye drops were signed out once per day and were not signed out wice per day, according to the prescriber orders. The facility failed to ensure that Resident #1 and Resident #2 received medications in accordance with prescriber orders and failed to ensure that medications were always transcribed onto the MARs accurately to alert staff to administer all	PREMIER	CADBURY OF CHERRY	HILL		<u>:</u>	
The DON further stated that the Lisinopril was resumed on 5/4/2017. 2. Resident #2 moved into the facility in June 2013 with diagnoses which included high blood pressure and glaucoma. The surveyor observed a Physician Order Sheet dated April 2017 and signed by the Medical Doctor (MD) on 4/7/2017, for the following medications: Combigan solution 0.2/0.5%, one drop to be instilled in the left eye twice daily and Lotemax 0.5% ophthalmic gel; one drop left eye twice daily. The surveyor observed the MAR for May 2017, which documented that Resident #2 received the Combigan eye drops once per day at 9:00 a.m., on May 1, 2 and 3, 2017 and Lotemax eye drop once per day at 5:00 p.m., on May 1 and 2, 2017 not as prescribed. The DON stated that Resident #2 received the eye drops, however, the LPN did not sign the MAR after the eye drops were administered. The DON stated that during monthly recaps, the Nurse failed to transcribe the correct times for the eye drop to be administered. The DON confirmed that the MAR documented that the eye drops were signed out once per day and were not signed out twice per day, according to the prescriber orders. The facility failed to ensure that Resident #1 and Resident #2 received medications in accordance with prescriber orders and failed to ensure that medications were always transcribed onto the MARs accurately to alert staff to administer all	PREFIX	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR	BE COMPLETE
	A 935	The DON further state resumed on 5/4/2017 2. Resident #2 move 2013 with diagnoses of pressure and glaucon a Physician Order Shasigned by the Medicat for the following medio 0.2/0.5%, one drop to twice daily and Lotern one drop left eye twice observed the MAR for documented that Res Combigan eye drops on May 1, 2 and 3, 20 once per day at 5:00 not as prescribed. The DON stated that eye drops, however, the MAR after the eye drop on Stated that during Nurse failed to transce eye drop to be adminicated that the MAR drops were signed out signed out twice per comprescriber orders. The facility failed to exprescriber orders medications were alw MARs accurately to a	d into the facility in June which included high blood ma. The surveyor observed eet dated April 2017 and Il Doctor (MD) on 4/7/2017, factions: Combigan solution to be instilled in the left eye max 0.5% ophthalmic gel; the daily. The surveyor r May 2017, which sident #2 received the once per day at 9:00 a.m., 2017 and Lotemax eye drop p.m., on May 1 and 2, 2017 Resident #2 received the the LPN did not sign the cops were administered. The may monthly recaps, the wribe the correct times for the istered. The DON AR documented that the eye at once per day and were not day, according to the mosure that Resident #1 and medications in accordance and failed to ensure that vays transcribed onto the allert staff to administer all	A 935		