

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

PRINTED: 05/05/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315511	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 01/25/2022
NAME OF PROVIDER OR SUPPLIER CAREONE AT HANOVER TOWNSHIP			STREET ADDRESS, CITY, STATE, ZIP CODE 101 WHIPPANY ROAD WHIPPANY, NJ 07981		
(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	<p>INITIAL COMMENTS</p> <p>Census: 88</p> <p>Sample Size: 10</p> <p>C #: Covid-19 Infection Control Survey</p> <p>A COVID-19 Focused Infection Control Survey was conducted by the New Jersey Department of Health. The facility was found to be in compliance with 42 CFR §483.80 infection control regulations and has implemented the CMS and Centers for Disease Control and Prevention (CDC) recommended practices for COVID-19.</p> <p>C #: NJ00151419, NJ00150972, NJ00151486 NJ00150921, NJ00151252</p> <p>THE FACILITY IS NOT IN SUBSTANTIAL COMPLIANCE WITH THE REQUIREMENTS OF 42 CFR PART 483, SUBPART B, FOR LONG TERM CARE FACILITIES BASED ON THIS COMPLAINT VISIT.</p>	F 000			

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

TITLE

(X6) DATE

Electronically Signed

02/04/2022

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 ISOLATED DEFICIENCIES WHICH CAUSE NO HARM WITH ONLY A POTENTIAL FOR MINIMAL HARM FOR SNFs AND NFs	PROVIDER # 315511	MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	DATE SURVEY COMPLETE: 1/25/2022
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F 760	<p>Residents are Free of Significant Med Errors CFR(s): 483.45(f)(2)</p> <p>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 #: NJ00151419</p> <p>Based on interviews, review of Medical Records (MR), and review of pertinent facility documents on 1/24/22 and 1/25/22, it was determined that the facility failed to follow the Physician's Order (PO) for the correct route to adminster medication. The faclity also failed to follow its policy titled "Administering Medications," for 1 of 3 residents (Resident #9) reviewed for medication administration EX. Order 26.(4) B1 EX. Order 26.(4) B1 This deficient practice was evidenced by the following:</p> <p>According to the Admission Record (AR), Resident #9 was admitted to the facility on EX. Order 26.(4) B1 and discharged on EX. Order 26.(4) B1 with diagnosis which include but were not limited to: EX. Order 26.(4) B1.</p> <p>The Minimum Data Set (MDS) an assessment tool dated EX. Order 26.(4) B1 showed that Resident #9 had a Brief Interview for Mental Status (BIMS) score of EX. Order 26.(4) B1 which indicated that the Resident had EX. Order 26.(4) B1 and required extensive assistance from staff with Activities of Daily Living (ADLs). The MDS further showed that the Resident could have EX. Order 26.(4) B1 with EX. Order 26.(4) B1 as one of the signs and symptoms of possible EX. Order 26.(4) B1.</p> <p>The Physician Order Sheet (POS) for EX. Order 26.(4) B1 dated EX. Order 26.(4) B1 showed that the Resident was EX. Order 26.(4) B1 and to receive EX. Order 26.(4) B1 a EX. Order 26.(4) B1 (this is the placement of a EX. Order 26.(4) B1 EX. Order 26.(4) B1). The POS further showed that the following medications were ordered to be administered through Resident #9 EX. Order 26.(4) B1:</p> <p>EX. Order 26.(4) B1 Capsule EX. Order 26.(4) B1 mg (milligram) give 1 capsule EX. Order 26.(4) B1 e one time a day for EX. Order 26.(4) B1 EX. Order 26.(4) B1.</p> <p>EX. Order 26.(4) B1) tablet EX. Order 26.(4) B1 mg give 1 tablet EX. Order 26.(4) B1 every EX. Order 26.(4) B1 hours for EX. Order 26.(4) B1 EX. Order 26.(4) B1) hold for EX. Order 26.(4) B1) less than EX. Order 26.(4) B1 or EX. Order 26.(4) B1 less than EX. Order 26.(4) B1.</p> <p>EX. Order 26.(4) B1 tablet EX. Order 26.(4) B1 mg give EX. Order 26.(4) B1 tablet EX. Order 26.(4) B1) every EX. Order 26.(4) B1 hours for EX. Order 26.(4) B1.</p> <p>The Medication Administration Record (MAR) for Resident #9 dated EX. Order 26.(4) B1, showed the aforementioned medications. The MAR further indicated that Licensed Practical Nurse (LPN #1, agency nurse assigned to Resident #9 on EX. Order 26.(4) B1 signed the following medications ordered EX. Order 26.(4) B1 on EX. Order 26.(4) B1 EX. Order 26.(4) B1 at 9:00 am, EX. Order 26.(4) B1 at 12:00 pm, and EX. Order 26.(4) B1 at 8:00 am and 12:00 pm.</p>
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The above isolated deficiencies pose no actual harm to the residents

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A review of the Facility's Reportable Event Record Report (FRE) with an event date of [REDACTED], reported to the New Jersey Department of Health (NJDOH), a medication error report, showed that LPN#1 administered medications to Resident #9 [REDACTED] when the medications were ordered to be given [REDACTED].

Attached with the FRE, the Summary of the Investigation (SI) with an event date of [REDACTED], involving Resident #9 and LPN #1. The LPN stated that she was not familiar with Resident #9 and it was her first time taking care of the Resident. LPN #1 did not realize that the aforementioned medications were ordered [REDACTED] until questioned by a family member if applesauce was given. The LPN revealed that she administered the medications by mouth with applesauce instead of [REDACTED] on [REDACTED]. The LPN further revealed that the Resident took the medications without difficulty.

During interviews with the Administrator and the Director of Nursing (DON) on 1/24/22 and 1/25/22 from 9:00 am to 1:30 pm, they confirmed what was on the aforementioned FRE. They stated that Resident #9 was discharged to another facility. The DON stated when she was made aware of the aforementioned incident on [REDACTED], she immediately removed the LPN from her assignment and in-serviced her on proper medication administration following physician order. LPN #1 was reported to the Nursing Agency Company and suspended during the investigation and remained suspended up to the time of the survey.

Continued interview with the DON on 1/24/22 and 1/25/22 from 9:00 am to 1:30 pm. She stated that after the incident on [REDACTED], the following actions were taken but not limited to: Resident #9 was immediately assessed by the DON and the Nurse Practitioner and there were no negative effects found. The Primary Physician (PP) was notified and ordered [REDACTED] of the [REDACTED] which showed within normal limits and no [REDACTED]. The DON revealed that LPN #1 confirmed to her during the investigation that she administered the aforementioned medications [REDACTED] instead of [REDACTED]. The DON stated administering medications by [REDACTED] instead of [REDACTED] could lead to a potential negative effects such as [REDACTED].

Post survey. On 1/27/22, the surveyor attempted to conduct a telephone interview to LPN #1; however, the LPN was not available.

A Medication Administration Observation was completed with 2 LPN's on 1/24/22 from 9:57 am to 11:00 am for 2 residents receiving medications [REDACTED] and [REDACTED] and no medication errors were observed. Both LPN's were aware that [REDACTED] could result if medications were ordered [REDACTED] and were given orally.

The Facility's Policy titled "Administering Medications," dated 5/21/2019, under Policy Statement showed "Medications are administered in a safe and timely manner, and as prescribed. Policy Interpretation and Implementation...4. Medications are administered in accordance with prescribe orders, including any required time frame...10. The individual administering the medications checks the label three times to verify the right resident, right medication, right dosage, right time, and right method (route) of administration before giving the medication.

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