

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>5a000</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>04/05/2024</b>
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NAME OF PROVIDER OR SUPPLIER  <b>CARE ONE AT THE CUPOLA</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>W 100 RIDGEWOOD AVENUE PARAMUS, NJ 07652</b>
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(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) COMPLETE DATE
A 000	<p>Initial Comments</p> <p>Initial Comments: TYPE OF SURVEY: Complaint</p> <p>COMPLAINT #: NJ00152007</p> <p>CENSUS: 146</p> <p>SAMPLE SIZE: 3</p> <p>The facility was not in substantial compliance with New Jersey Administrative Code, Chapter 8:36, Standards for Licensure of Assisted Living Residences, Comprehensive Personal Care Homes, and Assisted Living Programs, based on this Complaint survey.</p>	A 000		
A 935	<p>8:36-11.4(b) Pharmaceutical Services</p> <p>(b) All medications shall be administered by qualified personnel in accordance with prescriber orders, facility or program policy, manufacturer's requirements, cautionary or accessory warnings, and all Federal and State laws and regulations.</p> <p>This REQUIREMENT is not met as evidenced by: COMPLAINT #: NJ00152007</p> <p>Based on interview, and record review it was determined that the facility failed to ensure</p>	A 935		

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

TITLE

(X6) DATE

04/29/24

New Jersey Department of Health

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A 935	<p>Continued From page 1</p> <p>medications were administered to residents in accordance with the prescriber's orders for 1 of 3 residents reviewed for medication administration, Resident #2. This deficient practice was evidenced by the following:</p> <p>On 4/5/2024 at 1:00 p.m., while conducting a complaint survey, the surveyor reviewed Resident #2's medical record (MR) which revealed a document titled, "Admission Record" that revealed Resident #2 had an Admission Date of [redacted] and diagnosis that included [redacted], [redacted], [redacted], [redacted], and [redacted].</p> <p>Continued review of Resident #2's MR revealed a document titled, "Progress Notes" which revealed a physician progress note dated [redacted], which revealed that Resident #2 had not received doses of prescribed medications due to a delay in the delivery of the resident's medication from the facility's contracted pharmacy.</p> <p>At 2:16 p.m., the surveyor reviewed Resident #2's Medication Administration Record for the month of [redacted] with the facility's Director of Nursing (DON) which revealed the following:</p> <p>[redacted] ) CAP (capsules) was not administered as prescribed on [redacted], [redacted], and [redacted].</p> <p>[redacted] was not administered as prescribed on [redacted], [redacted], and [redacted].</p> <p>[redacted] was not administered as prescribed on [redacted], [redacted], and [redacted].</p>	A 935		
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A 935	<p>Continued From page 2</p> <p><b>NJ Ex Order 26.4(b)(1)</b> ) TAB (tablet) was not administered as prescribed on <b>NJ Ex Order 26.4(b)</b>.</p> <p><b>NJ Ex Order 26.4(b)(1)</b> was not administered as prescribed on <b>NJ Ex Order 26.4(b)</b>.</p> <p><b>NJ Ex Order 26.4(b)(1)</b> -Tabs (tablets) <b>NJ Ex Order 26.4(b)(1)</b> was not administered as prescribed on <b>NJ Ex Order 26.4(b)</b>.</p> <p><b>NJ Ex Order 26.4(b)(1)</b> ) was not administered as prescribed on <b>NJ Ex Order 26.4(b)</b>.</p> <p><b>NJ Ex Order 26.4(b)(1)</b> ) was not administered as prescribed on <b>NJ Ex Order 26.4(b)</b>, <b>NJ Ex Order 26.4(b)</b>, and <b>NJ Ex Order 26.4(b)</b>.</p> <p><b>NJ Ex Order 26.4(b)(1)</b> was not administered as prescribed on <b>NJ Ex Order 26.4(b)</b>, <b>NJ Ex Order 26.4(b)</b>, and <b>NJ Ex Order 26.4(b)(1)</b>.</p> <p><b>NJ Ex Order 26.4(b)(1)</b> ) was not administered as prescribed on <b>NJ Ex Order 26.4(b)</b>, <b>NJ Ex Order 26.4(b)</b>, and <b>NJ Ex Order 26.4(b)</b>.</p> <p>At that time, the surveyor interviewed the facility's DON who stated that Resident #2's above mentioned medications were not dispensed due to the medications not being delivered by the facility's contracted pharmacy.</p> <p>Surveyor review of the facility's policy and procedure titled, "Assisted Living: Administration of Medication" with a revision date of 3/5/2010, revealed the following: "Policy... The center has established a policy for the safe administration of medication. Procedure 1. This center will assist residents to obtain pharmaceutical services in</p>	A 935		

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A 935	Continued From page 3  accordance with their physician's order and with each resident's service plan or health service plan...."	A 935		
A1051	<p>8:36-15.2 Resident Records</p> <p>The records required by this subchapter shall be maintained for all residents and shall be kept available on the premises for review at any time by representatives of the Department.</p> <p>This REQUIREMENT is not met as evidenced by: COMPLAINT #: NJ00152007</p> <p>Based on interview, and record review it was determined that the facility failed to ensure requested medical records were available for review to the New Jersey Department of Health surveyor for 1 of 3 residents reviewed for [REDACTED], Resident #2. The deficient practice was evidenced by the following:</p> <p>On 4/5/2024 at 11:48 a.m., while conducting a complaint survey, the surveyor requested the facility's Director of Nursing (DON) provide the surveyor with documents from Resident #2's closed medical record. The requested documents included Resident #2's Face Sheet, Physician Order Sheet, History and Physical, including Physician certification stating the resident was appropriate for assisted living level of care, Resident #2's initial Registered Nurse assessment, General Service Plan, Health Service Plan, Progress Notes, and Medication Administration Record.</p>	A1051		

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A1051	<p>Continued From page 4</p> <p>At 2:04 p.m., the surveyor received the medical record (MR) for Resident #2. At that time, during surveyor interview, the facility's DON stated that the facility was not in possession of Resident #2's complete MR due to the resident being discharged from the facility and his/her medical record being stored off-site.</p> <p>Surveyor reviewed Resident #2's medical record (MR) which revealed a document titled, "Admission Record" that revealed Resident #2 had an Admission Date of [redacted] and diagnosis that included NJ Ex Order 26.4(b)(1), [redacted] NJ Ex Order 26.4(b)(1), [redacted] NJ Ex Order 26.4(b)(1), [redacted] NJ Ex Order 26.4(b)(1) and [redacted] and NJ Ex Order 26.4(b)(1) [redacted].</p> <p>Continued review of Resident #2's MR revealed the surveyor was not provided with the following documents for the sampled residents:</p> <ul style="list-style-type: none"> <li>Physician Order Sheet</li> <li>History and Physical, including Physician certification</li> <li>Registered Nurse Assessment</li> <li>General Service Plan</li> </ul> <p>Review of the facility's "Admission/Discharge To/From Report" revealed Resident #2 had a discharge date of [redacted].</p> <p>On 4/9/2024 at 10:55 a.m., the surveyor conducted a post-survey interview with the facility's DON who stated Resident #2 did not return to the facility after leaving the facility to be assessed at a community hospital.</p> <p>The surveyor did not receive the above-mentioned documents.</p>	A1051		
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A1073	Continued From page 5	A1073		
A1073	<p>8:36-15.6(b) Resident Records</p> <p>(b) All assessments and treatments by health care and service providers shall be entered according to the standards of professional practice. Documentation and/or notes from all health care and service providers shall be entered according to the standards of professional practice.</p> <p>This REQUIREMENT is not met as evidenced by: COMPLAINT #: NJ00152007</p> <p>Based on interview, and record review it was determined that the facility failed to document in the medical record (MR) a resident's discharge from the facility in accordance with the standards of practice for 1 of 3 residents reviewed for NJ Ex Order 26.4b1, Resident #2. This deficient practice was evidence by the following:</p> <p>On 4/5/2024 at 1:00 p.m., while conducting a complaint survey, the surveyor reviewed Resident #2's medical record (MR) which revealed a document titled, "Admission Record" that revealed Resident #2 had an Admission Date of NJ Ex Order 26.4(b) and diagnosis that included NJ Ex Order 26.4(b)(1), NJ Ex Order 26.4(b)(1), NJ Ex Order 26.4(b)(1), NJ Ex Order 26.4(b)(1), and NJ Ex Order 26.4(b)(1) and NJ Ex Order 26.4(b)(1)</p> <p>Continued review of Resident #2's MR revealed a document titled, "Progress Notes (PNs)" which revealed a nursing/clinical noted dated NJ Ex Order 26.4(b)(1)</p>	A1073		

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A1073	<p>Continued From page 6</p> <p>and timed 5:17 p.m. The nursing/clinical note revealed Resident #2 was transferred to a community hospital on [REDACTED] NJ Ex Order 26.4(b)(1). Further review of the resident's PNs did not reveal a note documenting Resident #2's return from the community hospital or Resident #2's discharge from the facility.</p> <p>Review of the facility's "Admission/Discharge To/From Report" revealed Resident #2 had a discharge date of [REDACTED] NJ Ex Order 26.4(b).</p> <p>On 4/9/2024 at 10:55 a.m., the surveyor conducted a post survey interview with the DON who stated Resident #2 did not return to the facility after leaving the facility to be assessed at a community hospital. The DON also stated that there should have been a nursing note to document Resident #2's discharge from the facility.</p>	A1073		

**STATE FORM: REVISIT REPORT**

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 5a000 <span style="float:right">Y1</span>	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 6/4/2024 <span style="float:right">Y3</span>
NAME OF FACILITY CARE ONE AT THE CUPOLA	STREET ADDRESS, CITY, STATE, ZIP CODE W 100 RIDGEWOOD AVENUE PARAMUS, NJ 07652	

This report is completed by a State surveyor to show those deficiencies previously reported 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 State Survey Report (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 A0935	Correction	ID Prefix A1051	Correction	ID Prefix A1073	Correction
Reg. # 8:36-11.4(b)	Completed	Reg. # 8:36-15.2	Completed	Reg. # 8:36-15.6(b)	Completed
LSC	04/25/2024	LSC	04/25/2024	LSC	04/25/2024
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 4/5/2024
  CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?
  YES  NO