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	315492	A. BUILDING _____ B. WING _____	C 07/28/2023

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FALLSVIEW NURSING AND REHABILITATION CENTER	**199 POWERVILLE ROAD BOONTON, NJ 07005**

(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
E 000	Initial Comments This facility is in substantial compliance with Appendix Z-Emergency Preparedness for All Provider and Supplier Types Interpretive Guidance 483.73, Requirements for Long Term Care (LTC) Facilities.	E 000		
F 000	INITIAL COMMENTS Complaint #: NJ00164623 Survey Date: 7/28/23 Census: 90 Sample: 19 + 3 closed records + 11 = 33 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.	F 000		
F 640 SS=C	Encoding/Transmitting Resident Assessments CFR(s): 483.20(f)(1)-(4) §483.20(f) Automated data processing requirement- §483.20(f)(1) Encoding data. Within 7 days after a facility completes a resident's assessment, a facility must encode the following information for each resident in the facility: (i) Admission assessment. (ii) Annual assessment updates. (iii) Significant change in status assessments. (iv) Quarterly review assessments. (v) A subset of items upon a resident's transfer, reentry, discharge, and death. (vi) Background (face-sheet) information, if there is no admission assessment.	F 640		7/29/23

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

Electronically Signed | 08/18/2023

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F 640	Continued From page 1 §483.20(f)(2) Transmitting data. Within 7 days after a facility completes a resident's assessment, a facility must be capable of transmitting to the CMS System information for each resident contained in the MDS in a format that conforms to standard record layouts and data dictionaries, and that passes standardized edits defined by CMS and the State. §483.20(f)(3) Transmittal requirements. Within 14 days after a facility completes a resident's assessment, a facility must electronically transmit encoded, accurate, and complete MDS data to the CMS System, including the following: (i)Admission assessment. (ii) Annual assessment. (iii) Significant change in status assessment. (iv) Significant correction of prior full assessment. (v) Significant correction of prior quarterly assessment. (vi) Quarterly review. (vii) A subset of items upon a resident's transfer, reentry, discharge, and death. (viii) Background (face-sheet) information, for an initial transmission of MDS data on resident that does not have an admission assessment. §483.20(f)(4) Data format. The facility must transmit data in the format specified by CMS or, for a State which has an alternate RAI approved by CMS, in the format specified by the State and approved by CMS. This REQUIREMENT is not met as evidenced by: Based on interview and record review, it was determined that the facility failed to transmit the Minimum Data Set (MDS) assessments in a timely manner. This deficient practice was	F 640	CORRECTIVE ACTION(S): • MDS discharge assessment for Resident #7 was submitted on [redacted].	

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F 640	Continued From page 2 identified for 1 (one) of 1 (one) residents, (Resident#7) reviewed timeliness of MDS transmission according to the RAI (Resident Assessment Instrument) Manual. The evidence was as follows: According to the Long-Term Care Facility Resident Assessment Instrument 3.0 User's Guide Version 1.17.1, October 2019 which included that RAI OBRA (Omnibus Budget Reconciliation Act)-Required Assessment Summary: Discharge Assessment Return Not Anticipated and Discharge Return Anticipated transmission date no later than MDS completion date + 14 days calendar days. On 7/25/23, the surveyor reviewed the most recent MDS, an assessment tool used to facilitate the management of care, for the timeliness of submission for 1 (one) system-selected resident. The review revealed the following for the resident: Resident #7 had an Assessment Reference Date (ARD) of [redacted]. The assessment was completed on [redacted]. The MDS was not transmitted. On 7/27/23 at 01:37 PM, in the presence of the survey team, the surveyor notified the [redacted] the concern that Resident #7's MDS was not transmitted in the required timeframe. On 7/28/23 at 8:40 AM, in the presence of the survey team, the [redacted] stated that the [redacted] transmitted Resident #7's MDS on [redacted]. On 7/28/23 at 10:15 AM, in the presence of the	F 640	IDENTIFICATION OF RESIDENTS WHO HAVE THE POTENTIAL TO BE AFFECTED BY THE SAME DEFICIENT PRACTICE • All discharged residents have the potential to be affected by this situation. MEASURES PUT IN PLACE: • During monthly triple checks all, short-term new admissions will be reviewed to ensure all pertinent MDS were transmitted. • MDS to review roster report monthly to ensure all residents discharged from census had a corresponding discharge MDS assessment submitted. MONITORING OF MEASURES: • MDS to monitor all transmissions via monthly triple check audit tool. • Reports will be submitted to the QAPI Committee monthly X 3 months. • After 3 months the QAPI Committee will review if any further changes have to be made. Date of compliance 7/29/2023	

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F 640	Continued From page 3 survey team, the surveyor asked the US FOIA (b)(6) if the MDS should have been transmitted in the required timeframe. The US FOIA (b)(6) stated "yes" and that it was a mistake. The facility provided policy titled, "Resident Assessment Instrument" dated 11/2022, did not contain information regarding submission timeframes. N.J.A.C. 8:39-11.2	F 640		
F 686 SS=D	Treatment/Svcs to Prevent/Heal Pressure Ulcer CFR(s): 483.25(b)(1)(i)(ii) §483.25(b) Skin Integrity §483.25(b)(1) Pressure ulcers. Based on the comprehensive assessment of a resident, the facility must ensure that- (i) A resident receives care, consistent with professional standards of practice, to prevent pressure ulcers and does not develop pressure ulcers unless the individual's clinical condition demonstrates that they were unavoidable; and (ii) A resident with pressure ulcers receives necessary treatment and services, consistent with professional standards of practice, to promote healing, prevent infection and prevent new ulcers from developing. This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review, and review of facility documentation, it was determined that the facility failed to ensure a physician's order was followed and perform hand hygiene appropriately during a NJ Exec Order treatment observation for 1 (one) of 1 (one) resident, (Resident #31) reviewed for NJ Exec Order 26.4b1.	F 686	CORRECTIVE ACTION(S): " US FOIA (b)(6) for Resident #31 was educated about ensuring all NJ Exec Order treatments are carried out per physician□s orders, and handwashing competency was completed. Resident #31□s physician was notified of the deviation from the order, and the	8/2/23

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F 686	Continued From page 4 The deficient practice was evidenced by the following: On 7/24/23 at 11:06 AM, the surveyor observed Resident #31 NJ Exec Order 26.4b1 The surveyor observed a NJ Exec Order 26.4b1 machine on the bedside table and there was a NJ Exec Orde that was NJ Exec Order 26.4b1 to Resident #31. The surveyor reviewed Resident #31's electronic medical record which revealed the following: The Admission Record (or face sheet; an admission summary) reflected that the resident was admitted to the facility with diagnoses which included but were not limited to NJ Exec Order 26.4b1 ,NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1 A review of Resident #31's Significant Change in Status Minimum Data Set (MDS), an assessment tool used to facilitate the management of care, dated NJ Exec Order 26, reflected that the resident had a Brief Interview for Mental Status (BIMS) score of NJ E out of 15, which indicated that Resident #31 had NJ Exec Order 26.4b1. Review of Section NJ Exec Order 26.4b1 reflected that Resident #31 had NJ Exec Order 26.4b1 . The Order Summary Report dated NJ Exec Order 26 included the following orders: Under Pharmacy NJ Exec Order 26.4b1	F 686	physician changed the treatment order. IDENTIFICATION OF RESIDENTS WHO HAVE THE POTENTIAL TO BE AFFECTED BY THE SAME DEFICIENT PRACTICE " All residents requiring wound dressing changes have the potential to be affected. MEASURES PUT IN PLACE: " In-services to be provided to all nursing staff regarding policy and procedures concerning wound care and obtaining MD orders. DON/UM to provide this in-services. " IP to provide in-services on hand washing to all facility staff. " IP to conduct ongoing competencies in hand washing. MONITORING OF MEASURES: " DON/UM to monitor all wound dressing orders are carried out as ordered via spot checks. 2 treatment observations per month x 3 months. " IP to complete hand washing competencies weekly of 3 randomly chosen nursing staff x 3 months. " Reports will be submitted to the QAPI Committee monthly X 3 months. " After 3 months the QAPI Committee will review if any further changes have to be made. Date of compliance 8/2/2023	

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F 686	Continued From page 5	F 686		

NJ Exec Order 26.4b1
NJ Exec Order 26.4b1
NJ Exec Order 26.4b1
shift every Tue (Tuesday), Thu (Thursday), Sat (Saturday) for NJ Exec Order with NJ Exec Order 26.4b1 commonly known as NJ Exec Order 26.4b1, apply NJ Exec Order 26.4b1, then apply NJ Exec Order to NJ Exec Order 26.4b1 then proceed with NJ Exec Order 26.4b1 application. Start date NJ Exec Order 26.
Under Other
After applying treatment with NJ Exec Order place the NJ Exec Order 26.4b1, then place NJ Exec Order 26.4b1 taking care not to NJ Exec Order 26.4b1, then NJ Exec Order 26.4b1 to NJ Exec Order at NJ Exec Order 26.4b1 every day shift every Tue, Thu, Sat. Start date NJ Exec Order 26. NJ Exec Order 26.4b1 to NJ Exec Order 26.4b1 at NJ Exec Order 26.4b1 every shift. Start date NJ Exec Order 26.

On 7/27/23 at 9:31 AM, the surveyor observed the US FOIA (b)(6) perform Resident #31's NJ Exec Order treatment. The US FOIA (b)(6) performed handwashing (HW) and scrubbed both hands for 20 seconds under the stream of running water. She donned (put on) gloves and wiped the bedside table with a disinfectant wipe. She doffed (to remove) the gloves, unlocked the treatment cart then donned a clean pair of gloves. She did not perform hand hygiene (HH) with the alcohol based hand rub (ABHR) that was on top of the treatment cart. She placed a NJ Exec Order 26.4b1 on the bedside table. She doffed her gloves performed HH with ABHR and donned a clean pair of gloves. US FOIA (b)(6) then placed a package that contained a NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1 on the bedside table. She

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F 686	Continued From page 6	F 686		

doffed her gloves, performed HH with ABHR and then checked the order in the electronic medical record. Then the [redacted] donned a clean pair of gloves and placed a medicine cup which she had placed [redacted] in, a container of [redacted] and several [redacted] on the bedside table. She removed her gloves and put on a surgical mask. [redacted] performed HW which included 10 seconds outside the flow of water and 10 seconds under the flow of water. [redacted] donned a pair of clean gloves [redacted] to the [redacted] doffed her gloves. She performed HW which included 10 seconds outside the flow of water and 10 seconds under the flow of water. [redacted] donned a clean pair of gloves and took a [redacted] that she [redacted] with [redacted] and Resident #31's [redacted] that was around the [redacted] and discarded the [redacted] then took another [redacted] that she [redacted] with [redacted] and [redacted] inside the [redacted] on Resident #31's [redacted] doffed her gloves. She performed HW which included 10 seconds outside the flow of water and 10 seconds under the flow of water. [redacted] donned a clean pair of gloves. She then opened the package that contained the [redacted] and placed it on the bedside table. [redacted] doffed her gloves and donned a clean pair of gloves. [redacted] then [redacted] Resident #31's [redacted] around the [redacted] with the [redacted]. [redacted] doffed her gloves and donned a clean pair of gloves. around [redacted] placed [redacted] on the [redacted] around the [redacted] She doffed her gloves. [redacted] took a pair of scissors out of her pocket and donned a clean pair of gloves on wiped the scissors with a disinfectant wipe [redacted] doffed her gloves. [redacted] performed HW for 15 seconds under the

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F 686	Continued From page 7	F 686		

flow of water. She donned a clean pair of gloves. US FOIA (b)(6) then NJ Exec Order 26.4b1 with a NJ Exec Order 26.4b1 US FOIA (b)(6) cut a piece of the NJ Exec Order 26.4b1 and when she went to apply the NJ Exec Order into the NJ Exec Order 26.4 Resident #31 started moving. US FOIA (b)(6) talked to Resident #31 and Resident #31 agreed to let US FOIA (b)(6) finish the treatment. US FOIA (b)(6) discarded the NJ Exec Order 26.4b1 that she had cut. US FOIA (b)(6) doffed her gloves and performed HW for 13 seconds and stated that she was going to have to rush this NJ Exec Order 2 US FOIA (b)(6) donned a clean pair of gloves and cut a NJ Exec Order 26.4b1 She then placed the NJ Exec Order in the NJ Exec Order 26 and placed the remaining NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1 to the NJ Exec Order 26.4b1 . US FOIA (b)(6) doffed her gloves. US FOIA (b)(6) performed HW for 10 seconds.

After the US FOIA (b)(6) finished the NJ Exec Order 26.4b1 and cleaned the bedside table, the surveyor interviewed US FOIA (b)(6) regarding the process of HW. US FOIA (b)(6) stated that she would wet her hands first, apply soap and create friction. The surveyor then asked if the process should be outside the flow of water. US FOIA (b)(6) stated that she tried to make lather with the soap and water.

On 7/27/23 at 10:44 AM, the surveyor interviewed the US FOIA (b)(6) regarding the process for HW. The US FOIA (b) stated that the process for HW was to turn on the water, wet hands, get soap, create friction for The surveyor asked if the process of creating the friction under the flow of water was correct. The US FOIA (b) stated that under the flow of water was not correct.

On 7/27/23 at 11:26 AM, the surveyor reviewed the physician's order for Resident #31's NJ Exec Order treatment in the electronic medical record. The

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F 686	Continued From page 8	F 686		

order included that the NJ Exec Order should be NJ Exec Order 26.4b with NJ Exec Order 26.4b1 prior to the application of NJ Exec Order 26.4b1.

On 7/27/23 at 11:27 AM, the surveyor interviewed the US FOIA (b)(6) who confirmed that she did not NJ Exec Order 26 Resident #31's NJ Exec Order with NJ Exec Order 2. She added that if the NJ Exec Orde of a NJ Exec Order was NJ Exec Order 26.4b1 then NJ Exec Order 26.4b1 should not be used and that NJ Exec Order 26.4b1 was enough. She then stated that Resident #31's NJ Exec Order was NJ Exec Ord. The surveyor then asked US FOIA (b)(6) should follow a physician's order as it was written. US FOIA (b)(6) stated that she would follow an order as written. She added that the order she looked at did not contain NJ Exec Order 26.4b1.

On 7/27/23 at 01:22 PM, in the presence of the survey team, the surveyor notified the US FOIA (b)(6) the concern of inappropriate HW and not following a physician's order during Resident #31's NJ Exec Order treatment observation. The US FOIA (b) stated that the orders should have been clarified and put in both of the orders.

On 7/28/23 at 8:19 AM, in the presence of the survey team, US FOIA (b) and US FOIA (b)(6), the US FOIA (b)(6) stated that the US FOIA (b)(6) called the US FOIA (b)(6) after the treatment and obtained another order. The surveyor then asked what should have been done if the nurse observed the NJ Exec Order and the treatment needed to be NJ Exec Order 26.4b The US FOIA (b) stated that the US FOIA (b)(6) observed the NJ Exec Order and did not use the NJ Exec Order 26.4b1 and then called the US FOIA (b)(6) to get the order changed. The surveyor then asked what the US FOIA (b)(6) should have done when she observed

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F 686	Continued From page 9 the NJ Exec Order 26 The US FOIA (b) stated that the US FOIA (b)(6) made a "nursing judgement" when she held the NJ Exec Order 26.4b1 and that she got the order changed based on her clinical assessment of NJ Exec Order 2 On 7/28/23 at 8:40 AM, the US FOIA (b)(6) stated that US FOIA (b)(6) was inserviced on HW. On 7/28/23 at 02:04 PM, during exit conference, the US FOIA (b)(6) confirmed that there was no additional information. A review of the facility provided policy titled "Handwashing Policy" dated 11/2022 included the following: Washing Hands 1. Wet hands with water and apply cleaning product to hands. 2. Vigorously lather hands with soap and rub them together, creating friction to all surfaces, for a minimum of 15 seconds (or longer), covering all surfaces of hands and fingers. 3. Rinse hands thoroughly under running water. Hold hands lower than wrists .... A review of the facility provided policy titled, "Wound Care" dated 11/2022 included the following: Preparation 1. Verify that there is a physicians' order for this procedure.	F 686		
F 726 SS=D	N.J.A.C. 8:39-27.1 (e) Competent Nursing Staff CFR(s): 483.35(a)(3)(4)(c) §483.35 Nursing Services	F 726		8/2/23

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F 726	Continued From page 10 The facility must have sufficient nursing staff with the appropriate competencies and skills sets to provide nursing and related services to assure resident safety and attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care and considering the number, acuity and diagnoses of the facility's resident population in accordance with the facility assessment required at §483.70(e). §483.35(a)(3) The facility must ensure that licensed nurses have the specific competencies and skill sets necessary to care for residents' needs, as identified through resident assessments, and described in the plan of care. §483.35(a)(4) Providing care includes but is not limited to assessing, evaluating, planning and implementing resident care plans and responding to resident's needs. §483.35(c) Proficiency of nurse aides. The facility must ensure that nurse aides are able to demonstrate competency in skills and techniques necessary to care for residents' needs, as identified through resident assessments, and described in the plan of care. This REQUIREMENT is not met as evidenced by: NJ00164623 Based on interviews, record review, and review of facility provided documents, it was determined that the facility failed to ensure that two (2) Licensed Practical Nurses (LPN #1 and #2) and one (1) US FOIA (b)(6) had Medication Pass Observation (MPO) competencies to	F 726	CORRECTIVE ACTION(S): " LPN# 1 and #2 and RN # 1 was subjected to completing MPO competencies immediately on NJ Exec Order 2 IDENTIFICATION OF RESIDENTS WHO HAVE THE POTENTIAL TO BE AFFECTED BY THE SAME DEFICIENT	

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F 726	Continued From page 11 provide nursing care for residents' needs. The deficient practice was evidenced by the following: A review of the facility provided Medication Error Incident Report (MEIR) for [redacted] date of error showed that it was the [redacted] who had a medication error of [redacted] for Resident #390 and was given a written warning. In addition, the [redacted] dates of error in the MEIR showed that it was LPN#1 who had a medication error of [redacted] for Resident #390 and was given a written warning. Further review of the [redacted] dates of medication errors, included in the MEIR revealed that on the explanation/reason medication error was made by the [redacted] and LPN#1: "Resident was previously receiving [redacted] and new bingo card [redacted] tabs have plastic bubbles for every day of the month. From the foil sealed to the back of the card, pills can be pushed through and taken) was delivered with [redacted] and nurse subsequently gave [redacted] without confirming correct dose." The MEIR for medication error dated [redacted] [redacted] action taken for both the [redacted] and LPN#1 included "written up and educated." A review of the provided copy of the typewritten Summary of Investigation for the date of the incident: [redacted] showed follow up actions: Incident reports were completed for both separate incidents by each nurse for medication error reports and that the nurses were also educated about the five rights of	F 726	PRACTICE " All residents have the potential to be affected by this situation. MEASURES PUT IN PLACE: " Pharmacy consultant/Don/Regional nursing officer to complete MPO competencies for every nurse upon hire and annually. " DON to communicate with Pharmacy consultant and request MPO competencies to be completed at her discretion. " In the event of a Medication Error event occurring, the nurse completes MPO competency before resuming duties. in this event DON will monitor competency for MPO before resuming duties of a nurse. MONITORING OF MEASURES: " DON will monitor all MPO competency completion via pharmacy consultant report. " Reports will be submitted to the QAPI Committee monthly X 3 months. " After 3 months the QAPI Committee will review if any further changes have to be made. Date of Compliance 8/2/2023	

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medication pass and disciplinary action was taken due to the severity of the error and its potential consequences.

Further review of the medical records and other facility provided documents revealed that no MPO competency was done to both LPN#1 and the [US FOIA] before the incident of significant medication error and immediately after the incident was reported and investigated.

On 7/26/23 at 01:28 PM, the surveyor in the presence of the survey team interviewed the [US FOIA (b)(6)]) about the [NJ Exec Order 26] MEIR. The [US FOIA (b)] stated that it was the [US FOIA (b)(6)] responsibility to do MPO to all nurses. The [US FOIA (b)] was not sure how often MPO should be done to all nurses. She further stated that she did not ask nor call the [US FO] to do MPO after the significant medication error incident happened. The [US FOIA (b)] confirmed that there was no follow up MPO competencies were done to both the [US FO] and LPN#1 after the incident of significant medication error.

On 7/28/23 at 8:18 AM, the [US FOIA (b)] provided a typewritten copy of Resident #390's Medication Errors summary that included that LPN#2 was the nurse who did the transcription error on [NJ Exec Order 26] of the resident for the order of [NJ Exec Order 26.] wherein LPN#2 wrote for the medication to be dispensed as [NJ Exec Order 26.4b1] instead of [NJ Exec Order 26]

Included as an attachment in Resident#390's Medication Errors summary was the MEIR for the date of error [NJ Exec Order 26] with a date of error discovery of 7/27/23 (after the surveyor's inquiry).

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F 726	Continued From page 13 On 7/27/23 at 8:52 AM, the surveyor reviewed the provided binder of Medication Pass Observation documents and revealed that LPN#1 and #2, and the US FOI did not have MPO competencies done at the facility prior to a significant medication error that happened on NJ Exec Order 26.4b1 and immediately after the investigation reports were completed. On 7/28/23 at 11:59 AM, the survey team met with the US FOIA (b)(6) and were made aware of the above findings. The US FOIA (b)(6) stated that the US FOIA did not have a performance evaluation because the US FOI was hired on NJ Exec Order 26.4b1 and was not due. The US FOIA (b)(6) further stated that LPN#1 was an agency nurse, and LPN#2 was hired on NJ Exec Order 26.4b and the performance evaluation was not due to complete. On that same date and time, the US FOIA (b)(6) acknowledged and confirmed that there were no MPO competencies for 3 (three) nurses (LPN#1 and #2, and the US FOIA before the significant medication error and after the incident was investigated. The US FOIA (b)(6) further stated according to the facility's protocol, MPO competency should be done upon hire and as needed or periodically. The US FOIA (b)(6) acknowledged that the MPO competencies of the US FOIA and LPN#2 and #2 should have been done. A review of the facility's provided Medication Pass Observation form that was provided by the US FOIA (b)(6) with a Form 109 B revised date of 6/17 included a medication administration errors list #7 Correct drug, correct amount, correct dosage form administered and #9 Medication Administration:	F 726		

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F 726	Continued From page 14 a. Medication checked against MAR (Medication Administration Record) before administering. NJAC 8:39-27.1(a)	F 726		
F 755 SS=E	Pharmacy Srvcs/Procedures/Pharmacist/Records CFR(s): 483.45(a)(b)(1)-(3) §483.45 Pharmacy Services The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.70(g). The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse. §483.45(a) Procedures. A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident. §483.45(b) Service Consultation. The facility must employ or obtain the services of a licensed pharmacist who- §483.45(b)(1) Provides consultation on all aspects of the provision of pharmacy services in the facility. §483.45(b)(2) Establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and §483.45(b)(3) Determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled.	F 755		8/2/23

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F 755	Continued From page 15 This REQUIREMENT is not met as evidenced by: Complaint # NJ00164623 Based on interview, record review, and review of other pertinent facility documents, it was determined that the facility failed to ensure a) medication was accurately received, administered, and reconciled against the physician order prior to administration which contributed to a repeated administration of an incorrect dose to and proper disposal of NJ Exec Order 26.4b1 , for Resident #390, b) accurate signing for a medication in the electronic medication administration record (eMAR), accurate accounting, dispensing, and administration of a NJ Exec Order 26.4b1, and med was administered according to physician orders and acceptable standards of practice, for Resident #78 and #47. This deficient practice was identified for three (3) of (3) residents (Resident #390, Resident #78, and Resident #47) reviewed for NJ Exec Order 26.4b1 This deficient practice was evidenced by the following: Reference: New Jersey Statutes Annotated, Title 45. Chapter 11. Nursing Board. The Nurse Practice Act for the State of New Jersey states: "The practice of nursing as a registered professional nurse is defined as diagnosing and treating human responses to actual and potential physical and emotional health problems, through such services as case-finding, health teaching, health counseling, and provision of care	F 755	CORRECTIVE ACTION(S): " Resident #390 no longer resides at the facility. " Resident #78□s orders for NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1 were clarified. US FOIA was notified of medication administration error. No new orders were provided. " Resident #47□s US FOIA was notified of medication administration error. No new orders were provided. " Nurses who incorrectly administered medication and/or did not appropriately waste NJ Exec Order 26.4b1 medications for Residents #390, #78, and #47 were in serviced regarding same. IDENTIFICATION OF RESIDENTS WHO HAVE THE POTENTIAL TO BE AFFECTED BY THE SAME DEFICIENT PRACTICE " All residents who receive medications have potential to be affected by this practice. MEASURES PUT IN PLACE: " Facility has requested and contracted with a new Pharmacy consultant. " Night shift nurses follow 24-hour chart check process to ensure order accuracy. " DON /UM provided In-services to nurses in policy and procedure regarding destroying of narcotics, accurate order entry, and medication administration. MONITORING OF MEASURES:	

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F 755	Continued From page 16 supportive to or restorative of life and wellbeing, and executing medical regimens as prescribed by a licensed or otherwise legally authorized physician or dentist." Reference: New Jersey Statutes Annotated, Title 45, Chapter 11. Nursing Board. The Nurse Practice Act for the State of New Jersey states: "The practice of nursing as a licensed practical nurse is defined as performing tasks and responsibilities within the framework of case finding; reinforcing the patient and family teaching program through health teaching, health counseling, and provision of supportive and restorative care, under the direction of a registered nurse or licensed or otherwise legally authorized physician or dentist." Reference DEPARTMENT OF HEALTH AND HUMAN SERVICES Centers for Disease Control and Prevention National Institute for Occupational Safety and Health (NIOSH) list of Antineoplastic and Other Hazardous Drugs in Healthcare settings, 2016. Table 3 Table 3 primarily meet the NIOSH criteria for reproductive hazards. They represent a potential occupational hazard to males or females who are actively trying to conceive, women who are pregnant or may become pregnant, and women who are breast feeding, as they may be present in breast milk. Unopened, intact tablets and capsules may not pose the same degree of occupational risk as injectable drugs that usually require extensive preparation. Cutting, crushing, or otherwise manipulating tablets and capsules will increase the risk of exposure to workers. The manufacturer's safe-handling guidance (MSHG) is typically in Section 16 of the DPI. See Table 5 for safe handling recommendations ...	F 755	" DON/UM/Night supervisor to run an order listing report once a week and match it to actual meds received in the cart x 4 weeks. DON/UM to monitor declining sheets daily for any wasted narcotics. DOn/UM/to review daily order entry report " Reports will be submitted to the QAPI Committee monthly X 3 months. " After 3 months the QAPI Committee will review if any further changes have to be made. Date of Compliance 8/2/2023	

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Table 3 list included but were not limited to the following: Clonazepam, Increased risk of congenital abnormalities when taken in first trimester; FDA Pregnancy Category D

1. On 7/25/23 at 10:42 AM, the surveyor reviewed Resident #390's medical record.

The Admission Record (AR; or face sheet; an admission summary) reflected the resident was admitted with diagnoses which included NJ Exec Order 26.4b1 NJ Exec Order 26.4b1 NJ Exec Order 26.4b1 NJ Exec Order 26.4b1 NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1

The most recent Comprehensive Minimum Data Set (CMDS), an assessment tool used to facilitate the management of care, dated NJ Exec Order 26, reflected that the resident had a brief interview for mental status (BIMS) score of NJ out of 15, which indicated the resident had a NJ Exec Order 26.4b1

Further review of the MDS section NJ Exec Order 26.4b1 indicated the resident was NJ Exec Order 26.4b1 and section NJ Exec Order 26.4b1 reflected the resident received NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1 medications.

The resident's personalized care plan revised on NJ Exec Order 26, under the section Intervention/ Tasks, included review medications (meds) and record

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F 755	Continued From page 18 possible causes of NJ Exec Order 26.4b1: new meds or dosage NJ Exec Order 26.4b1 NJ Exec Order 26.4b1 NJ Exec Order 26 NJ Exec Order 26.4b1 recent NJ Exec Order 26.4b1 omission or NJ Exec Order 26.4b in dose of NJ Exec Order 26.4b1 drug interactions, errors or NJ Exec Order 26 drug reactions, NJ Exec Order 26.4b1. A review of the Order Summary Report (OSR) dated NJ Exec Order 26.4b1, included an order for NJ Exec Order 26.4b1 with a start date of NJ Exec Order 26, and reflected the following: NJ Exec Order 26.4b1 NJ Exec Order 26.4b1, NJ Exec Order 26.4b1 by mouth three times a day related to NJ Exec Order 26.4b1 A review of the NJ Exec Order 26.4b1; a NJ Exec Order 26 log/form used to inventory and document each dose of med administered or disposed) with a pharmacy provider label for NJ Exec Order 26.4b1 by mouth three times a day was signed received on NJ Exec Order 26, for NJ Ex doses. Further review of the CDR revealed that the med was signed removed from inventory for administration by the nurses from NJ Exec Order 26 to NJ Exec Order 26 at 2:00 PM. A review of the electronic Medical Record (eMR) did not reflect a physician's order to correspond with the CDR for NJ Exec Order 26.4b1 that was signed received on NJ Exec Order 26.4b signed removed for administration for NJ Ex doses. A review of the Medication Error Incident Report (MEIR) dated NJ Exec Order 26.4b revealed under Explanation/ Reason medication error was made	F 755		

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reflected "Resident was previously receiving [redacted] and the new bingo card was delivered with [redacted] and nurse subsequently [redacted] without confirming the right dose".

A review of the MEIR dated [redacted] revealed under Explanation/ Reason med error was made reflected "Resident was previously receiving [redacted] and the new bingo card was delivered with [redacted] tabs and nurse subsequently [redacted] without confirming the right dose".

Further review of the eMAR for Resident #390 reflected the following:

-On [redacted] at 2:00 PM, the eMAR was signed absent from home without meds.
-On [redacted] at 2:00 PM, the eMAR was signed absent from home without meds.
-On [redacted] at 6:00 AM, the eMAR was signed refused.

A review of the CDR for Resident #390 revealed the following:
On [redacted] at 02:00 PM, one tablet of NJ Exec Order 26.4b1 was removed from inventory for administration.
No documentation of disposal was annotated on the CDR.
On [redacted] at 02:00 PM, one tablet of NJ Exec Order 26.4b1 was removed from inventory for administration.
No documentation of disposal was annotated on the CDR.
-On [redacted] at 6:00 AM, four tablets of NJ Exec Order 26.4b1 were removed from inventory for administration. No documentation of

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disposal was annotated on the CDR.

On 7/26/23 at 9:48 AM, during a telephonic interview with the surveyor, the provider US FOIA (b)(6) stated the physician or nurse enters the order into the eMR, electronically signs off and is transcribed into their system.

On 7/27/23 at 10:14 AM, the survey team met with the US FOIA (b)(6) and were made aware of the above findings.

At that time, the US FOIA (b)(6) stated that she spoke with the provider pharmacy when the medication error occurred. The US FOIA (b)(6) was concerned why the physician's order (PO) on the eMR did not match the med received. She was informed by the pharmacy that they are unable to see what is on the eMR.

At that time, the US FOIA (b)(6) informed the surveyor that in the event of a discrepancy between a PO and a med received, the nurses would call the pharmacy to rectify the discrepancy and get the correct order for the resident.

On 7/27/23 at 12:52 PM, during a meeting with the survey team, the US FOIA (b)(6) acknowledged the PO should be followed.

At that time, the US FOIA (b)(6) stated following a PO was based on accepted standard of professional practice to avoid negative outcomes for the resident.

At that time, the US FOIA (b)(6) informed the surveyor that in the event of a discrepancy between a PO and a

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med received the nurses would call the pharmacy to rectify the discrepancy and get the correct order for the resident.

At that time, the [redacted] acknowledged the med received from the pharmacy should have been reconciled for accuracy against the PO.

On that same date and time, during a meeting with the survey team, [redacted] informed the surveyor that she was aware the med was [redacted] on [redacted] at 6:00 AM. The [redacted] stated it did not cross her mind to in-service (provide education) regarding proper disposal of [redacted]

2. On 7/20/23 at 10:34 AM, the surveyor observed Resident #78 seated up on the bed [redacted] to the surveyor. The surveyor also observed the [redacted]) assisted the resident with breakfast.

The surveyor reviewed Resident #78's medical record.

The AR reflected that the resident was admitted to the facility which included diagnoses that included but were not limited to [redacted].

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A review of Resident #78's PO presented an order initiated on NJ Exec Order 26 for NJ Exec Order 26.4b1 (NJ Exec Order 26.4b1) Oral Tablet NJ Exec Order 26 1 (one) tablet by mouth weekly for NJ Exec Order 26.4b1 The medication order was changed on NJ Exec Order 26 to NJ Exec Order 26.4b1 NJ Exec Order 26.4b1, 1 (one) tablet by mouth one time a day every Sunday for NJ Exec Order 26.4b1 - give with NJ E , at least NJ Exec Order 26.4b , NJ Exec Order 26.4b1 or med; NJ Exec Order 26.4b .

The surveyor reviewed the eMAR for Resident #78 for the med administration of NJ Exec Order 26.4b1 1 (one) tablet by mouth weekly for NJ Exec Order 26.4b1 which revealed the following:

For the month of NJ Exec Order 26.4b1 the nurses signed 23 out of 27 days that the med was administered.

For the month of NJ Exec Order 26.4b1, the nurses signed 29 out of 30 days that the med was administered.

For the month of NJ Exec Order 26.4b1, the nurses signed 11 out of 12 days that the med was administered.

On 7/25/23 at 01:05 PM, the surveyor interviewed the US FOIA (b) regarding the above concerns for the NJ Exec Order 26.4b1 medication. The US FOIA (b) stated when the order was entered for NJ Exec Order 26.4b1 give 1 (one) tablet by mouth weekly on NJ Exec Order 26.4b it was selected for the nurses to document daily instead of weekly. The CP identified the error in NJ Exec Order 26.4b and the US FOIA (b) initiated an investigation for the med documentation error. The US FOIA (b) further stated that the investigation concluded that the nurses were

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signing the eMAR daily and not administering the med, as the med was not available to be given every day.

On 7/26/23 at 11:59 AM, the surveyor interviewed LPN #2, who was assigned previously to Resident #78 and signed for the NJ Exec Order 26.4b1 medication in the eMAR. LPN #2 stated the NJ Exec Order 26.4b1 was to be given weekly and she observed the med was being signed daily. She stated she did not administer the med and documented a progress note dated NJ Exec Order 26 and NJ Exec Order 26. that she did not give the med because it was already given for the week. LPN #2 acknowledged that it was expected for the nurses to report a concern about a med order and that it should have been reported for follow up to the supervisor.

3. On 7/26/23 at 01:45 PM, the surveyor reviewed the CDR form for Resident #78 on the NJ Exec Order 26.4b unit med cart.

The surveyor reviewed Resident #78's CDR form for NJ Exec Order 26.4b1 by mouth every 12 hours as needed for NJ Exec Order 26 for NJ Ex days, which revealed two entries on NJ Exec Order 26 at 11:20 AM. Indicating Resident #78 received NJ Exec Order 26.4b1.

The surveyor reviewed the PO for Resident #78 which revealed an order initiated on NJ Exec Order 26 for NJ Exec Order 26.4b1 tablet by mouth every 12 hours as needed for NJ Exec Order 2 for NJ Ex days - NJ Exc , which was discontinued on NJ Exec Order 26. Further review of the PO revealed an order initiated on NJ Exec Order 26 for NJ Exec Order 26.4b1 every 8 (eight) hours as needed for NJ Exec Order 26.4b1 for NJ Ex days.

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Further review of resident's CDR revealed the following:

On NJ Exec Order 26.4b1 entries documented a single NJ Exec Order 26.4b1 was signed out for each of these days.

The surveyor reviewed NJ Exec O eMAR, which indicated on NJ Exec Order 26.4b1 med NJ Exec Order 26.4b1 was administered.

On 7/26/23 at 02:00 PM, the surveyor interviewed LPN #3, who was the assigned nurse for Resident #78 and confirmed the count of the NJ Exec Order 26.4b1 in the med cart. The surveyor reviewed with LPN #3 the CDR for the NJ Exec Order 26.4b1 LPN#3 stated that the nurses who were administering the med should have reviewed the directions of the med prior to administering the med. She further stated that when the new bingo card with the correct dose was received that the discontinued med should have been remove from the med cart.

On 7/26/23 at 02:10 PM, the surveyor interviewed the US FOIA (b)(6) about the process for when a med order was changed US FOIA (b)(6) stated when a doctor changed the order that they will fax the new order to the pharmacy. When a new order is received from the pharmacy, the discontinued order will be remove from active med stock. The med nurse will give her the unit manager the discontinued med and that med will be destroyed in the presence of two nurses.

On 7/27/23 at 12:52 PM, the surveyor informed

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the US FOIA (b)(6) about the above concerns with the NJ Exec Order 26.4b1 med and the NJ Exec Order 26.4b1 med for Resident #78. The US FOIA (b) acknowledged there was a med error, in which an investigation was completed.

4. The surveyor reviewed the hybrid (electronic and paper) medical records for Resident #47, which revealed the following:

The resident's AR listed diagnoses that included but were not limited to, NJ Exec Order 26.4b1 .

A review of the NJ Exec Order 26.4b1 OSR and the NJ Exec Order 26.4b1 eMAR indicated that Resident #47 had a PO, dated NJ Exec Order 26 for NJ Exec Order 26.4b1 by mouth two times a day for NJ Exec Order 26 which was discontinued on NJ Exec Order 26.

A PO, dated NJ Exec Order 26, was started for NJ Exec Order 26.4b1 by mouth three times a day for NJ Exec Order 26

On 7/26/23 at 02:09 PM, the surveyor interviewed the US FOIA (b)(6) about the CDR. The US FOIA (b)(6) stated upon completion of a CDR, it would be removed from the binder in the med cart, and that it would be given to the US FOIA (b) The surveyor asked the US FOIA (b)(6) what the expectations were for when a nurse wasted a controlled med. US FOIA (b)(6) stated two nurses were to waste (destroy) a controlled med, to witness and co-sign the disposal of the med. The surveyor requested from the US FOIA (b)(6) the NJ Exec Order 26.4b1 drug records for Resident #47.

On 7/27/23 at 10:01 AM, the surveyor interviewed the US FOIA (b) about CDR keeping. The US FOIA (b) stated she kept all original CDR forms for record

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keeping. The surveyor requested from the [US FOIA (b)] the [NJ Exec Order 26.4b1], CDR forms for Resident #47.

On 7/28/23 at 10:10 AM, the [US FOIA (b)] provided the surveyor the [NJ Exec Order 26.4b1] CDR forms for Resident #47.

A review of the [NJ Exec Order 26.4b1] CDR forms for [NJ Exec Order 26.4b1] revealed the following:

For the entry dated and timed, 7/13 9 PM, LPN #4 signed out for [NJ Exec Order 26.4b1]. The physician's order was for [NJ Exec Order 26.4b1] to be administered and LPN #2 signed on the eMAR that [NJ Exec Order 26.4b1] was administered on [NJ Exec Order 26] at 9 PM.

For the entries dated and timed, 7/14 9 AM, 2 PM and 9 PM, LPN #1 signed out [NJ Exec Order 26.4b1] tablet at each of those times. The physician's order was [NJ Exec Order 26.4b1] to be administered. LPN #1 signed on the eMAR that [NJ Exec Order 26.4b1] was administered on [NJ Exec Order 26] at 9 AM, 2 PM, and 9 PM.

For the entries dated and timed, 7/15 9 AM and 2 PM, LPN #1 signed out [NJ Exec Order 26.4b1] The physician's order was for [NJ Exec Order 26.4b1] to be administered. LPN #1 signed on the eMAR that [NJ Exec Order 26.4b1] was administered on [NJ Exec Order 26] at 9 am and PM.

For 7/17/23, there were no entries on the [NJ Exec Order 26.4b1] drug records documenting [NJ Exec Order 26.4b1] being signed out for the 2 PM and 9 PM dose. [US FOIA (b)(6)] signed on the eMAR that [NJ Exec Order 26.4b1] was administered on

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NJ Exec Order 2[redacted] at 2 PM and Registered Nurse (RN) #1 signed that NJ Exec Order 26.4b1 was administered on NJ Exec Order 2[redacted] at 9 PM.

For the entry dated and timed 7/18 9 AM, LPN #1 signed out NJ Exec Order 26.4b1. LPN #1 did not sign eMAR for NJ Exec Order 2[redacted] at 9 AM, the eMAR was signed by LPN #5. LPN #1 worked on NJ Exec Order 26[redacted]

There were no other entries on the CDR forms for the NJ Exec Order 26[redacted] 9 AM, 2 PM, and 9 PM dose to document NJ Exec Order 26.4b1 being signed out for administration to the resident. LPN #5 signed the eMAR on NJ Exec Order 2[redacted] for 9 AM and 2 PM that NJ Exec Order 26.4b1 was administered to the resident. LPN #6 signed the eMAR for NJ Exec Order 2[redacted] at 9 PM that the med was administered.

For the entries dated and timed NJ Exec Or[redacted] 2 PM, LPN #1 signed out NJ Exec Order 26.4b1. On the eMAR, LPN #1 signed, the chart code 'NJ Ex[redacted]' for the NJ Exec Order 26.4b1 to be administered on NJ Exec Order 2[redacted] at 2 PM. The chart code 'NJ Ex[redacted]' indicated "Hold/See Progress Notes". A review of the Administration note, LPN #1 documented "awaiting order from pharmacy". There was no documentation to account if the two NJ Exec Order 26.4b1 signed out by LPN #1 were wasted or administered to the resident.

A review of the NJ Exec Order 26.4b1 CDR for NJ Exec Order 26.4b1 [redacted] which was currently in use for Resident #47 revealed the following:

For the entry dated and timed NJ Exec O[redacted] 9 PM, LPN #6 signed their name and wrote "wasted" to indicate the NJ Exec Order 26.4b1 signed out was destroyed. There was no co-signature by another

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nurse on the entry to document that the wasting of the med was witnessed.

On 7/28/23 at 10:25 AM, the surveyor informed the US FOIA (b)(6) of the above concerns. The US FOIA (b) stated it was expected for the nurses to follow the PO and if the dose of a med was not available the physician should be called, and the order clarified.

The US FOIA (b) further stated it was expected for the nurses to have a second nurse to witness and co-sign on the NJ Exec Order 26.4b1 drug record when a NJ Exec Order 26.4b1 med was wasted (destroyed). The US FOIA (b)(6) acknowledged the nurses were expected to follow the PO and administer med accurately. The US FOIA (b)(6) stated they would follow up and provide further information.

On 7/28/23 at 11:59 AM, the survey team met with the US FOIA (b)(6) . The US FOIA (b) confirmed the nurses could only provide the resident with NJ Exec Order 26.4b1 from the resident's med supply in the med cart, that would require the nurses to sign and document on the CDR form. The US FOIA (b) stated there was no alternate access for the NJ Exec Order 26.4b1 med and that there was no back up NJ Exec Order 26.4b1 med stock in the facility. The US FOIA (b)(6) provided the surveyor with the NJ Exec Order 26.4b1 substances policy.

A review of the facility provided policy; Accepting Delivery of Medications reviewed/revised 01/2023, included the following:
Policy Statement
2. Any errors noted in receiving meds shall be brought to the attention of the Pharmacist and Director of Nursing Services.
Policy Interpretation and Implementation

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2. Before signing to accept the delivery, the Nurse must reconcile the meds in the package with the delivery ticket/order receipt.
3. If an error is identified when receiving meds from the pharmacy, the Nurse verifying the order shall:
b. Return incorrect meds (e.g. wrong strength, form etc.) to the dispensing pharmacy and reorder the correct med.

A review of the facility provided policy; Discarding and Destroying Medications reviewed/revised 1/2023 included the following:
Policy Interpretation and Implementation
8. Any controlled substance that is considered hazardous waste will be managed in accordance with federal, state and local hazardous waste regulations as well as the Controlled Substance Act and DEA regulations.
10. The med disposition record will contain the following information:
a. The resident's name
b. Date med disposed
e. quantity disposed
f. method of disposition
h. signature of witnesses

A review of the facility provided policy; Controlled Substances dated 11/2022 included the following:
Policy Interpretation and Implementation
9. The Director of Nursing services shall investigate any discrepancies in narcotic reconciliation to determine the cause and identify any responsibility parties, and shall
give the Administrator a written report of such findings.

A review of the facility's policy titled, "Controlled

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F 755	Continued From page 30 substances", dated 12/2018, under policy statement read: "The facility shall comply with all laws, regulations, and other requirements related to handling, storage, disposal, and documentation of Schedule II and other controlled substances." The policy did not further address documentation by nurses at the time of medication being signed out and administered. The policy also did not address the procedure by nurses for destroying and documenting the wasting of a controlled medication. A review of the facility's policy titled "Administering Medications", dated 11/2022, under Policy Statement read, "Medications shall be administered in a safe and timely manner, and as prescribed." Under Policy Interpretation and Implementation, it read: "3. Medications must be administered in accordance with the orders ...7. The individual administering the medication must check the label THREE (3) times to verify the right resident, right medication, right dosage, right time and right method (route) of administration before giving the medication ..." On 7/28/23 at 01:11 PM, the facility had no further information to provide. NAACP 8:39-11.2 (b), 29.2 (d), 29.4(G)(I)(Mk), 29.7(ac)	F 755		
F 756 SS=D	Drug Regimen Review, Report Irregular, Act On CFR(s): 483.45(c)(1)(2)(4)(5) §483.45(c) Drug Regimen Review. §483.45(c)(1) The drug regimen of each resident must be reviewed at least once a month by a	F 756		8/2/23

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F 756	Continued From page 31 licensed pharmacist. §483.45(c)(2) This review must include a review of the resident's medical chart. §483.45(c)(4) The pharmacist must report any irregularities to the attending physician and the facility's medical director and director of nursing, and these reports must be acted upon. (i) Irregularities include, but are not limited to, any drug that meets the criteria set forth in paragraph (d) of this section for an unnecessary drug. (ii) Any irregularities noted by the pharmacist during this review must be documented on a separate, written report that is sent to the attending physician and the facility's medical director and director of nursing and lists, at a minimum, the resident's name, the relevant drug, and the irregularity the pharmacist identified. (iii) The attending physician must document in the resident's medical record that the identified irregularity has been reviewed and what, if any, action has been taken to address it. If there is to be no change in the medication, the attending physician should document his or her rationale in the resident's medical record. §483.45(c)(5) The facility must develop and maintain policies and procedures for the monthly drug regimen review that include, but are not limited to, time frames for the different steps in the process and steps the pharmacist must take when he or she identifies an irregularity that requires urgent action to protect the resident. This REQUIREMENT is not met as evidenced by: Complaint # NJ00164623 Based on observation, interview, record review,	F 756	PLAN OF CORRECTION: F756- Drug Regimen Review, Report Irregular, Act On CFR(s): 483.45(c)(1)(2)(4)(5)	

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F 756	Continued From page 32 and review of the facility provided documents, it was determined that the facility failed to identify medication irregularity during the monthly MRR (Medication Record Review) of the US FO [redacted] for two (2) of three (3) residents, (Resident #390 and Resident #78) reviewed for NJ Exec Order 26.4b1 [redacted] This deficient practice was evidenced by the following: A review of the manufacturer's specifications for NJ Exec Order 26.4b [redacted] included the following: Geriatric Use, Clinical studies of NJ Exec Order 26.4b [redacted] did not include sufficient numbers of subjects aged 65 and over to determine whether they respond differently from younger subjects. Other reported clinical experience has not identified differences in responses between the elderly and younger patients. In general, dose selection for an elderly patient should be cautious, usually starting at the low end of the dosing range, reflecting the greater frequency of decreased hepatic, renal, or cardiac function, and of concomitant disease or other drug therapy. 1. On 7/25/23 at 10:42 AM, the surveyor reviewed Resident #390's medical record. The Admission Record (AR; or face sheet; an admission summary) reflected the resident was admitted with diagnoses which included NJ Exec Order 26.4b1 [redacted]	F 756	CORRECTIVE ACTION(S): Resident #390 does not reside at this facility Resident #78's orders were discontinued and re-entered to reflect frequency documentation. " US FOIA (b)(6) personnel change requested and implemented immediately. MEASURES PUT IN PLACE: " Facility has requested and contracted with a new Pharmacy consultant. " Night shift nurses follow 24-hour chart check process to ensure order accuracy. DON to conduct weekly audit of psych sumaries vs new orders entered for 4 weeks - bi weekly for a month and monthly there after IDENTIFICATION OF RESIDENTS WHO HAVE THE POTENTIAL TO BE AFFECTED BY THE SAME DEFICIENT PRACTICE " All residents who receive new orders and medications from the Pharmacy have potential to be affected by this practice. MONITORING OF MEASURES: " DON to conduct QA audits by reviewing psych recommendations and match to PCC orders weekly for 1 month. Decrease to bi weekly for 1 additional month and conduct monthly audits after	

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F 756	Continued From page 33 NJ Exec Order 26.4b1 [redacted].	F 756	that. DON/UM to review 2 new orders weekly for accuracy for 4 weeks -then monthly for3 months. " Reports will be submitted to the QAPI Committee monthly X 3 months. " After 3 months the QAPI Committee will review if any further changes have to be made.	

The most recent Comprehensive Minimum Data Set, an assessment tool used to facilitate the management of care, dated NJ Exec Order 26 reflected that the resident had a brief interview for mental status (BIMS) score of NJ Exec Order 2 out of 15, which indicated the resident had a NJ Exec Order 26.4b1 [redacted]

Further review of the MDS section NJ Exec Order 26.4b1 indicated the resident was NJ Exec Order 26.4b1 and section NJ E reflected the resident received NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1 medication.

A review of the NJ Exec Order 26.4b1 Progress Note (PN) dated NJ Exec Order 26 revealed recommendations that included but were not limited to a discontinuation of NJ Exec Order 26.4b PRN (administered as needed) and an NJ Exec Order 26.4 of the routinely NJ Exec Order 26.4b1 [redacted] twice daily to NJ Exec Order 26.4b1 [redacted].

The NJ Exec Order 26.4b1 Note dated NJ Exec Order 26 indicated, NJ Exec Order 26.4b PRN was dc'd [discontinued]. NJ Exec Order 26.4b was NJ Exec Order 26.4b1 to NJ Exec Order 26.4b1..

A review of the Order Audit Report (OAR) revealed the order for NJ Exec Order 26.4b1 [redacted], give one tablet (tab) three times a day related to (r/t) NJ Exec Order 26.4b1 was created by the US FOIA and signed by the physician on NJ Exec Order 26.4b

A review of the electronic Medication Administration Record (eMAR) with an order

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range date of NJ Exec Order 26.4b1 included the following physician orders (PO):

-NJ Exec Order 26.4b1, give one tab three times a day r/t NJ Exec Order 26.4b1 with a start date of NJ Exec Order 26. and discontinued on NJ Exec Order 2.

-NJ Exec Order 26.4b1, give one tab three times a day for give 2 (two) tablets of NJ Exec Order 26.4b1 r/t NJ Exec Order 26.4b1 with a start date of NJ Exec Order 2.

A review of the CP monthly report from NJ Exec Order 2 through NJ Exec Order 2, did not identify or inform the prescriber of the irregularity between US FOIA (b)(6) dosing recommendation of NJ Exec Order 26.4b1 every 8 hours dated NJ Exec Order 2, against the executed PO of NJ Exec Order 26.4b1 every 8 hours, dated NJ Exec Order 26.

On 7/26/23 at 10:38 AM, during a telephonic interview with the surveyor, the US FO stated he did not make any recommendations regarding the executed PO dose increase for NJ Exec Order 26.4b1 on NJ Exec Order 2. or thereafter.

On 7/26/23 at 11:39 AM, during a telephonic interview with the surveyor, the US FOIA (b)(6)) stated he did not recall if the order changes were communicated to him. The US FOIA (b)(6) also stated that the US FOIA (b)(6) had prescribing privileges in the facility.

On 7/26/23 at 02:21 PM, during an interview with the surveyor, the US FOIA (b) explained that after a resident encounter her recommendations were documented into a NJ Exec Order 26.4b1 progress note. The US FOIA (b) stated she made a copy and gave it to the nurse on duty. The US FOIA (b) informed the surveyor

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that if the physician disagreed with her recommendation, she documented the information and wrote the reason on her NJ Exec Order 26.4b1 progress note.

At that time, the surveyor asked the US FOIA (b) if she was aware that her recommendation on NJ Exec Order 26 for NJ Exec Order 26.4b1 every 8 hours was implemented as NJ Exec Order 26.4b1 every 8 hours instead. The US FOIA (b) stated "maybe I was not aware of it."

On 7/27/23 at 10:14 AM, the survey team met with the US FOIA (b)(6) were made aware of the concern regarding the doubled NJ Exec Order 26.4b1 dose in which the US FO did not identify or notify the US FOIA and the facility of the irregularity.

At that time, the US FOIA (b)(6) stated she had discussed and questioned the US FO as to the reason why the irregularity was not identified.

On 7/28/23 at 11:40 AM, during a meeting with the survey team, the US FOIA (b) stated that the US FOIA was written up yesterday (NJ Exec Order 2), for the medication (med) error [transcription error] of placing an order for the NJ Exec Order 26.4b1 as opposed to the intended NJ Exec Order 2 recommended by the US FOIA (b) on NJ Exec Order 26. The US FOIA (b) acknowledged and stated that the US FO should have identified the transcription error as well. The US FOIA (b) further stated that the transcription error was identified after the surveyor's inquiry.

No further information was provided.

2. On 7/20/23 at 10:34 AM, the surveyor

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observed Resident #78 seated up on the bed [redacted] to the surveyor. The surveyor also observed the [redacted] assisted the resident with breakfast.

The surveyor reviewed Resident #78's medical record.

The AR reflected that the resident was admitted to the facility that included diagnosis which included but was not limited to type [redacted].

A review of Resident #78's PO presented an order initiated on [redacted] for [redacted], 1 (one) tab by mouth weekly for [redacted] The med was changed on [redacted] to [redacted], 1 (one) tab by mouth one time a day every Sunday for [redacted] - give with [redacted], at least [redacted] or med; do [redacted].

Review of the eMAR documented the med [redacted] 1 (one) tab by mouth weekly for [redacted] initiated on [redacted] and the order was changed on [redacted]; revealed the following:

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The month of NJ Exec Order 26.4b1, 23 out of 27 days the nurses signed for the med indicating it was administered.
The month of NJ Exec Order 26.4b1 29 out of 30 days the nurses signed for the med indicating it was administered.
The month of NJ Exec Order 26.4b1, 11 out of 12 days the nurses signed for the med indicating it was administered.

A review of the US FO Monthly Report revealed that the US FO visited and documented comments monthly, with the last documented visit and comment on NJ Exec Order 2. A review of the recommendations for Resident #78 dated NJ Exec Orde did not document recommendations related to the med NJ Exec Order 26.4b1

On 7/26/23 at 10:39 AM, the surveyor interviewed the US FO who stated that he reviews all resident's meds once a month. The US FO further stated that he reviews a lot of things when he reviews a resident's med, which includes eMAR and PO. The surveyor notified the US FO of the above concerns related to the med NJ Exec Order 26.4b1

During the interview with the US FO about the med NJ Exec Order 26.4b1 order and eMAR, the US FO stated, "It was possible I overlooked it since I did not make any recommendations for the month of NJ Exec O regarding that med."

On 7/27/23 at 12:52 PM, the survey team met with the US FOIA (b)(6) regarding US FO not having recommendation about the med NJ Exec Order 26.4b1 for the month of NJ Exec Order 26.4b1. US FOIA (b)(6) stated, "the US FOIA (b)(6) should have picked up the error."

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F 756	Continued From page 38 A review of the facility provided; Pharmacy Consultant Policy and Procedure reviewed 01/2023, included the following: Objectives: 1. To facilitate the administration of med with regard to safety, federal and state requirement and to ensure the accurate acquiring, receiving, dispensing and administration of all drugs and biologicals to meet the need of each resident. 5. to have the drug regimen reviewed by the pharmacist and ensure compliance with the drug regime [regimen] requirements. 6. To have the pharmacist find and identify apparent irregularities or potential drug therapy problems ... The attending physicians are not required to agree with the pharmacist's report, nor are they required to provide a rationale for their acceptance or rejection of the report. They must, however, act upon the report. This may be accomplished by indicating acceptance or rejection of the report and signing their name. A review of the facility's document pharmacy agreement [name of pharmacy company] the agreement under Duties of Consultant, subsection iii states, "Performing a monthly onsite review of the drug regimen of each patient on the Facility's unit census on date(s) of visit. Reports of any irregularities shall be provided on the nurse in charge and/or the attending physician, and the administrator." NJAC 8:39- 29.1(b), 29.3 (a)(1)	F 756		
F 757 SS=E	Drug Regimen is Free from Unnecessary Drugs CFR(s): 483.45(d)(1)-(6)	F 757		8/2/23

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F 757	Continued From page 39 §483.45(d) Unnecessary Drugs-General. Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used- §483.45(d)(1) In excessive dose (including duplicate drug therapy); or §483.45(d)(2) For excessive duration; or §483.45(d)(3) Without adequate monitoring; or §483.45(d)(4) Without adequate indications for its use; or §483.45(d)(5) In the presence of adverse consequences which indicate the dose should be reduced or discontinued; or §483.45(d)(6) Any combinations of the reasons stated in paragraphs (d)(1) through (5) of this section. This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review, and review of facility documentation, it was determined that the facility failed to ensure that the resident did not receive an unnecessary medication by following the US FOIA (b)(6) recommendations for 1 (one) of 6 (six) residents reviewed for unnecessary medications (Resident #31). The deficient practice was evidenced by the following: On 7/24/23 at 11:06 AM, the surveyor observed Resident #31 NJ Exec Order 26.4b1 .	F 757	CORRECTIVE ACTION(S): • Resident #31's US FOIA (b)(6) was made aware of the CP's recommendation and an indication was added for the medication in question. IDENTIFICATION OF RESIDENTS WHO HAVE THE POTENTIAL TO BE AFFECTED BY THE SAME DEFICIENT PRACTICE • All residents with CP recommendations have potential to be	

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F 757	Continued From page 40 The surveyor reviewed Resident #31's electronic medical record which revealed the following. A review of Resident #31's Admission Record (AR, an admission summary) reflected that the resident was admitted to the facility with diagnoses which included but were not limited to NJ Exec Order 26.4b1 [redacted]. A review of Resident #31's Significant Change in Status Minimum Data Set (MDS), an assessment tool used to facilitate the management of care, dated NJ Exec Order 26, reflected that the resident had a Brief Interview for Mental Status (BIMS) score of NJ E out of 15, which indicated that Resident #31 had NJ Exec Order 26.4b1. The electronic Medication Administration Record (eMAR) included the following order: NJ Exec Order 26.4b1 [redacted] (used to treat [redacted] who have NJ Exec Order 26.4b1 of an NJ Exec Order 26.4b1, which is also known as NJ Exec Order 26.4b1 of the NJ Exec Order 26.4b give one capsule by mouth one time a day for NJ Exec Order 26.4b1 with a start date of NJ Exec Order 26.4b1. Further review of Resident #31's AR did not reveal a diagnosis of NJ Exec Ord. On 7/25/23 at 11:57 AM, the surveyor requested the US FOIA (b)(6)	F 757	affected by this practice. MEASURES PUT IN PLACE: • DON will in-service US FOIA to ensure CP Recommendations are addressed timely and signed on CP report. MONITORING OF MEASURES: • DON to conduct a monthly audit of all CP recommendations to ensure MD follow through. • CP to follow up on recommendations were addressed and submit a report to Admin. • Reports will be submitted to the QAPI Committee monthly X 3 months. • After 3 months the QAPI Committee will review if any further changes have to be made. Date of compliance 8/2/23	

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(US FOIA (b)(6) to provide the US FOIA (b)(6) recommendations.

On 7/26/23 at 9:53 AM, the US FOIA (b)(6) provided the surveyor a three page Comments Report. A review of the facility provided US FOIA (b)(6) Comments Report included the following:
NJ Exec Order 2 Please clarify the indication for NJ Exec Order 26 NJ Exec Order 2 NJ Exec Order 2 is not indicated for use in [redacted]. If continuing NJ Exec Order 26 please document the clinical rationale.

On 7/26/23 at 10:42 AM, the surveyor interviewed the US FOIA (b)(6) regarding the reason Resident #31 was taking the medication NJ Exec Order 26.4b1 The US FOIA stated that she thought it was because the Resident #31 was NJ Exec Order 26.4b1 and had NJ Exec Order 26.4b1. The surveyor then asked the US FOIA who would follow up on the US FOIA (b)(6) recommendations. The US FOIA stated that the US FOIA (b)(6) took care of the US FOIA (b)(6) recommendations. The surveyor then asked the US FOIA to view Resident #31's NJ Exec Order 26.4b1 order in the eMAR and if the indication that was listed for NJ Exec O was appropriate. The US FOIA stated that it was not appropriate and that she would check with the doctor.

On 7/26/23 at 10:49 AM, the surveyor interviewed the US FOIA (b) regarding the process for the US FOIA (b)(6) . The US FOIA (b) stated that the US FOIA (b)(6) came to the facility at the beginning of the month for a few days few days and performed an eMAR audit. She added that the US FOIA (b)(6) would send a report in a few days by email. She then stated that she typically had been

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the person to process the recommendations. She added that there were separate forms for the physician and nursing staff.

On 7/26/23 at 12:01 PM, the surveyor interviewed the [US FOIA (b)] regarding Resident #31 and the US FOIA (b)(6) recommendations. The [US FOIA (b)] stated that the resident was in the hospital and that when Resident #31 came back to the facility on [NJ Exec Order 2], the US FOIA (b)(6) had done a review of all the orders. She added that all new admissions and readmissions received the review and they give us instructions and they were kept in a binder. The surveyor requested to view the documentation that the [US FOIA (b)] had followed up on the US FOIA (b)(6) recommendations.

On 7/26/23 at 12:57 PM, the [US FOIA (b)] provided documentation that indicated it was an Electronic US FOIA (b)(6) with recommendations from US FOIA (b)(6) which included the same recommendations that the Comments Report had. Handwritten on the document was "Resident was on all medications previously" and "Not accepted" was checked off as the response to the recommendations.

The surveyor then reviewed Resident #31's [NJ Exec Order 26.4b] and [NJ Exec Order 26.4b1] eMAR which did not include an order for [NJ Exec Order 26] Resident #31 was not previously on [NJ Exec Order 2] prior to the hospitalization.

A review of Resident #31's hospital records after visit summary dated NJ Exec Order 26.4b1 in the electronic medical record included the following:
Under What's Next
Follow up with [name redacted] [US FOI] in 3 (three)

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weeks. Handwritten under was NJ Exec Order 26.4b1 [redacted]

Under Start taking these medications NJ Exec Order 26.4b1 [redacted] by mouth daily for NJ Ex [redacted] days. Commonly known as: NJ Exec Order 26 [redacted] Start taking on : NJ Exec Order 26.4b1 [redacted].

Review of other medications listed under the Start taking these medications and Continue taking these medications revealed that some of the medications did not have a specific timeframe to take the medication.

On 7/27/23 at 10:50 AM, the surveyor interviewed the US FOIA (b) [redacted] regarding Resident #31's after visit summary. The US FOIA (b) [redacted] stated that the admitting nurse would review the after visit summary and place the orders in the eMAR. She added that she was the person to audit the orders to make sure they are in but that she did not always get to it. She then added that the US FOIA (b)(6) could also check. The surveyor then asked the US FOIA (b) [redacted] if the after visit summary indicated that a medication should be for a certain amount of days is that what the order in the eMAR should indicate. The US FOIA (b) [redacted] stated that whatever the prescribed amount of days would be that if that was what the doctor agreed with. The surveyor then asked the US FOIA (b) [redacted] to view Resident #31's US FOIA (b)(6) recommendation which had written please clarify the indication for NJ Exec Order 26 [redacted] The US FOIA (b) [redacted] stated that she thought that she had checked the medications and that Resident #31 was previously on them. She added that she did not recall if the indication was checked at that time. The surveyor then asked the US FOIA (b) [redacted] if Resident #31 had the NJ Exec Order 26 [redacted] consult after

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readmission to the facility that was indicated on the after visit summary. The [US FOIA (b)] stated that she was not sure and that she would look.

On 7/27/23 at 12:02 PM, the [US FOIA (b)] stated that Resident #31 had an appointment for a [NJ Exec Order 26] consult scheduled on [NJ Exec Order 26] but that Resident #31 had [NJ Exec Order 26.4b1] the [NJ Exec Order 26] and the [US FOIA] [US FOIA (b)] canceled the appointment. The [US FOIA (b)] provided the surveyor an additional [US FOIA (b)(6)] aper that included under the Physician Recommendation [NJ Exec Order 26] is not indicated for use in [redacted]. If continuing [NJ Exec Order 26] please document the clinical rationale. The response Accepted was checked. Comment or reason for [NJ Exec Order 26.4b1] handwritten was [NJ Exec Order 26.4b1]. The document was not signed by the physician or dated.

On 7/27/23 at 12:18 PM, the surveyor interviewed the [US FOIA (b)] regarding Resident #31's after visit summary that indicated to start the [NJ Exec Order 26.4b1] and administer it for [NJ E] days. The [US FOIA (b)] stated that Resident #31 came back to the facility from the hospital and that the hospital puts all meds for 30 days and that most of time the medications are not just for 30 days. She added that they put the medications in the eMAR indefinitely and that the physician will come in and determine how long the resident should be on them. The surveyor then asked the [US FOIA (b)] if the [US FOIA (b)(6)] had documented the clinical rationale in Resident #31's medical record according to the [US FOIA (b)(6)] recommendation. The [US FOIA (b)] stated that she would check.

On 7/27/23 at 12:53 PM, in the presence of the survey team, the surveyor notified the [US FOIA (b)(6)] and

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US FOIA (b)(6) the concern that the facility did not ensure that the pharmacy recommendations for Resident #31 NJ Exec Order 26.4b1 order were followed up appropriately which included a clinical rationale for the medication and the appropriate indication listed in the order for the medication and that the resident did not receive the medication longer than necessary by not having the resident follow-up with a NJ Exec Order 26.4b1

On 7/28/23 at 12:18 PM, in the presence of the survey team, the US FOIA (b)(6) if there was documentation of the clinical rationale by the physician addressing the US FOIA (b)(6) recommendation. The US FOIA (b) stated that she forgot to check. The surveyor asked if there should have been documentation. The US FOIA (b) stated that there should have been documentation. The surveyor then asked if the medication order should have been clarified since the indication was not appropriate. The US FOIA (b)(6) stated "yes."

On 7/28/23 at 02:04 PM, during exit conference, the US FOIA (b)(6) confirmed that there was no additional information.

A review of the facility provided policy titled, "Pharmacy Consultant Policy & Procedure" with a reviewed date of 01/2023 included the following:
Under Procedure:
5. The pharmacist will document and review a resident that has several or many medication changes, to ensure the accurate acquiring, receiving, dispensing and administering of all drugs and biologicals to meet the need of each resident.
6. The pharmacist will report any irregularities to the attending physician and the DON, and these

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F 757	Continued From page 46 reports must be acted upon ... 8. The pharmacist will provide the DON with Pharmacy recommendation reports on an on-going basis each month. The DON will act upon these recommendations by bringing them to the attention of the attending physician and ensuring any changes are implemented in a timely manner. 9. The pharmacy consultant will report any medications that do not have corresponding diagnoses to support the use of such medications. The attending physicians are not required to agree with the pharmacist's report, nor are they required to provide a rationale for their "acceptance" or "rejection" of the report. They must, however, act upon the report. This may be accomplished by indicating acceptance or rejection of the report and signing their name. N.J.A.C. 8:39-27.1 (a)	F 757		
F 760 SS=H	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 # NJ00164623 Based on interviews, record review, and review of pertinent facility documents, it was determined that the facility failed to ensure that a resident was free of significant medication errors regarding the administration of [NJ Exec Order 26.4b1] medication in accordance with the physician's	F 760	PLAN OF CORRECTION: F760- Residents are Free of Significant Med Errors(s): 483.45(f)(2) CORRECTIVE ACTION(S): " Resident #390□s [US FOIA (b)(6)] was notified of the medication error. " Nurses who incorrectly administered Resident #390□s medication were in-	8/2/23

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F 760	Continued From page 47 order to NJ Exec Order 26.4b1 for Resident #390. The facility failed to ensure that nurses administered medication to Resident #390 in accordance with professional standards of nursing practice. The significant medication errors were administered by two different nurses on three different days on NJ Exec Order 26.4b1 when the NJ Exec Order 26.4b1 medication NJ Exec Order 26.4b was administered more than NJ Exec Order 26.4b1 the prescribed medication dosage on each day to Resident #390 that resulted in the resident NJ Exec Order 26.4b1 of NJ Exec Order 26.4b1 NJ Exec Order 26.4b1 NJ Exec O and NJ Exec Order 26.4b1 resulting in an NJ Exec Order 26.4b1 of NJ Exec Order 26.4b with a NJ Exec Order 26.4b1 NJ Exec Order 26.4b from the resident's NJ Exec Order 26.4b This deficient practice was identified for 1 of 3 residents reviewed who were on NJ Exec Order 26.4b1 and was evidenced as follows: A review of the manufacturer's specifications for NJ Exec Order 26.4b included the following: WARNING: RISKS FROM CONCOMITANT USE WITH NJ Exec Order 26.4b1 ABUSE, MISUSE, AND NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1 AND NJ Exec Order 26.4b1 REACTIONS Concomitant use of NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1 may result in profound sedation, respiratory depression, coma, and death. Reserve concomitant prescribing of these drugs for patients for whom alternative treatment options are inadequate. Limit dosages	F 760	serviced and disciplined. IDENTIFICATION OF RESIDENTS WHO HAVE THE POTENTIAL TO BE AFFECTED BY THE SAME DEFICIENT PRACTICE " All residents receiving narcotics have the potential to be affected by this practice. MEASURES PUT IN PLACE: " In-services provided to all nurses for 5 rights of med pass, importance of communicating med changes and making sure orders match the tabs in the cart by UM/DON " Pharmacy initiated an alert system to ensure e-scripts match PCC orders on all controlled substances. " The US FOIA (b)(6) was in-serviced regarding the need to ensure instructions on e-script matches PCC order. MONITORING OF MEASURES: " Auditing all carts facility wide once a week to ensure that tabs in cart match the orders and to ensure signature on decline sheet are matching current orders for 4 weeks. DON/UM and supervisors will do this. DON will over see the process and will be IN charge. " Auditing then can be reduced to bi-weekly and monthly for next 3 months. Audit Reports will be submitted to the QAPI Committee monthly X 3 months.	

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F 760	Continued From page 48 and durations to the minimum required. Follow patients for signs and symptoms of respiratory depression and sedation (see WARNINGS and PRECAUTIONS). Geriatric Use... In general, dose selection for an elderly patient should be cautious, usually starting at the low end of the dosing range, reflecting the greater frequency of decreased hepatic, renal, or cardiac function, and of concomitant disease or other drug therapy ... NJ Exec Order 26.4b drugs may cause confusion and over-sedation in the elderly; elderly patients generally should be started on low doses of NJ Exec Order 26.4b and observed closely. Precautions; General, Psychiatric and Paradoxical reactions (an effect of a chemical substance, such as a medical drug, that is opposite to what would usually be expected), such as agitation, irritability, aggression, anxiety, anger, nightmares, hallucinations, and psychoses are known to occur when using benzodiazepines ... Paradoxical reactions are more likely to occur in children and the elderly. Overdose Management Treatment includes monitoring of respiration, pulse, and blood pressure, general supportive measures ... On 7/25/23 at 10:42 AM, the surveyor reviewed the closed medical record of Resident # 390. The Admission Record (admission summary) reflected that the resident was admitted with diagnoses that included NJ Exec Order 26.4b1	F 760	" After 3 months the QAPI Committee will review if any further changes have to be made. Completion Date: 08/02/2023	

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NJ Exec Order 26.4b1 [redacted].

A review of the most recent Comprehensive Minimum Data Set (CMDS), an assessment tool used to facilitate the management of care, dated [redacted], reflected that the resident had a brief interview for mental status (BIMS) score of [redacted] out of 15, which indicated the resident had a NJ Exec Order 26.4b1 [redacted].

Further review of the CMDS NJ Exec Order 26.4b1 [redacted] revealed that the resident was [redacted] and section [redacted] for Medications reflected the resident received NJ Exec Order 26.4b1 [redacted] and NJ Exec Order 26.4b1 [redacted] medications during the look-back period.

The resident's individualized care plan with a revised date of [redacted], under the section for intervention/tasks included to review medications and record possible causes of NJ Exec Order 26.4b1 [redacted]: new medications or NJ Exec Order 26.4b1 [redacted]; NJ Exec Order 26.4b1 [redacted], NJ Exec Order 26.4b1 [redacted], omission or [redacted] in the dose of NJ Exec Order 26.4b1 [redacted] drug interactions, errors or [redacted] drug [redacted].

A review of the NJ Exec Order 26.4b1 [redacted] Progress Note (PN)

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dated [redacted] revealed recommendations that included but were not limited to the discontinuation of an order for an as needed (PRN) dose of [redacted] PRN and an increase in the frequency of the routine [redacted] twice daily to [redacted] three times daily (every eight hours) for [redacted]

The [redacted] Note dated [redacted] indicated that the order for the as needed [redacted] was discontinued, and the routine standing order for the [redacted] was increased (in frequency) to [redacted]

The Physician Monthly PN dated [redacted], under Assessment and Plan, included the following: [redacted] -gets [redacted] at times due to [redacted] and [redacted] but [redacted] with med [medication] changes by [redacted]), followed by [redacted] monitor [redacted] improved with med changes by [redacted] f/u [follow-up] monitor - [redacted] with meds ...

A review of the Order Recap Report (ORR) for [redacted], included the following physician orders:

-[redacted] dated [redacted] The order indicated to give one tablet by mouth three times a day. It further specified to give two tablets (tabs) of [redacted] related to [redacted]. The order summary report indicated that this physician order was discontinued on [redacted].

The ORR for [redacted] reflected a new physician order for [redacted] dated [redacted] to administer [redacted], give one tab

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by mouth three times a day, related to NJ Exec Order 26.4b1

The surveyor reviewed a NJ Exec Order 26.4b1 Drug Record (CDR; a declining inventory log used for the accountability for NJ Exec Order 26.4b1 drugs) which revealed a pharmacy provider label for, "NJ Exec Order 26.4b1, give four tablets by mouth three times a day" for Resident #390. The CDR was signed by a nurse indicating that NJ E tablets of NJ Exec Order 26 were delivered on NJ Exec Order 2.

A review of a second NJ Exec Order 26.4b1 Drug Record revealed a pharmacy provider label for NJ Exec Order 26.4b1. The CDR revealed that the Pharmacy Provider now delivered NJ Exec O instead of NJ Exec Order 26.4b1. The label indicated to give NJ Exec Order 26.4b1 by mouth three times a day and was signed as received on NJ Exec Order 26 by LPN #3 for NJ E doses.

Further review of the second CDR reflected the following:

NJ Exec Order 26.4 at 9:00 PM, NJ Exec Order 26.4b1] of NJ Exec Order 26.4b were removed from the inventory for administration by LPN #1.

NJ Exec Order 2 at 6:00 AM, NJ Exec Order 26.4b1] of NJ Exec Order 26.4b were removed from the inventory for administration by LPN #1.

There were no tablets of NJ Exec Order 26.4b signed as wasted.

The electronic Medication Administration Record (eMAR) for NJ Exec Order 26.4b1 revealed the following:

NJ Exec Order 2 at 9:00 PM was signed as administered

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by LPN #1.
-[redacted] at 6:00 AM was signed by LPN#1 as the drug was [redacted]

1. A review of Resident #390's Medication Error Incident Report (MEIR) dated [redacted] signed by the US FOIA (b)(6)) included the following:
Date of Error: [redacted] at 9:00 PM
Date of Error Discovery: [redacted] at 8:36 AM
Medication/Treatment involved: [redacted]
Type of Error: Incorrect dose
Explanation/Reason medication error was made, reflected "Resident was previously receiving [redacted]) and the new bingo card was delivered with [redacted] tabs and nurse subsequently gave [redacted]) without confirming the right dose".
Actions Taken: Resident assessed. [redacted] made aware. The family was made aware. Nurse written up and educated.

The MEIR also revealed that on [redacted], Licensed Practical Nurse#1 (LPN #1) administered the incorrect dose to the resident because the dosage of the tabs had changed, and the nurse failed to perform a dose check prior to administration. LPN #1 was informed via telephone by the [redacted] on [redacted]. No employee comment was annotated.

A review of the Incident Report (IR) dated [redacted] at 9:40 AM, revealed the following:
Incident Description: On [redacted] around 9:00 PM, the resident was NJ Exec Order 26.4b1 as prescribed. The resident previously had a plastic bag of [redacted] therefore the nurses were giving NJ Exec Order 26.4b1 . However,

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a new bag of tabs had been delivered NJ Exec Order 26.4b1 tabs and the nurse failed to complete the five rights of medication pass, subsequently administering NJ Exec Order 26.4b1 tab for a NJ Exec Order 26.4b1, instead of NJ Exec Order 26.4b1 Because they are disintegrating tabs, they do not come in a bingo card and are delivered in blister packs in a small plastic bag so the nurse should have checked the back of the blister pack for the correct dosage.
The IR included that the resident unable to give a description.

Further review of the IR, under Immediate Action Taken, revealed:
"Resident NJ Exec Order 26.4b1 although this was not recognized until hindsight as the error was committed on NJ Exec O and was subsequently identified on NJ Exec Or. However, on NJ Exec O, resident was NJ Exec O with NJ Exec Order 26.4b1 as well as NJ Exec Order 26.4b1 and NJ Exec Order 26.4 Resident was NJ Exec Order 26.4 most of the day with NJ Exec Order 26.4b1. US FOIA was made aware at this time with no new orders as resident is on NJ Exec Order 26.4 NJ Exec Order 26.4b1 was applied, resident NJ Exec Order 26.4b1 Resident later NJ Exec Order 26.4b1 US FOIA and family were made aware of NJ Exec Order 26.4 mistake on NJ Exec Order 26 with no new orders from US FOIA (b

A review of Resident #390's PN included the following:

On 5/28/21 at 5:21 AM, LPN #1 documented that Resident #390 "was noted to be NJ Exec O NJ Exec Order , NJ Exec Order 26.4b1, NJ Exec Order 26.4b1 for NJ Exec Order 26. NJ Exec Order 26.4b1, NJ Exec Order 26.4b

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Resident #390 is a NJ Exec Order 26.4b1 on NJ Exec Order 26.4 Attempted to give 6:00 AM dose of NJ Exec Order 26.4b1 but resident NJ Exec Order 26.4 NJ Exec Order 26.4b1 for NJ Exec Order 26.4 and covered with extra blankets. Will continue to monitor."

On 5/28/23 at 7:34 AM, LPN #2 documented that "Placed a call to [name redacted] NJ Exec Order 26.4 updated nurse regarding a NJ Exec Order 26.4b1 (NJ Exec Order 26.4b1 from a patient's NJ Exec Order 26.4b1 from the previous shift. NJ Exec Order 26.4b1 orders received, NJ Exec Order 26.4b1 NJ Exec Order 26.4b1 NJ Exec Order 26.4b1 q 2 h (every 2 hours) for NJ Exec Order 26.4b1 or NJ Exec Order 26.4b1"

On 5/28/23 at 8:42 AM, LPN #2 documented: "Place a call to US FOIA (b)(6)] made aware of NJ Exec Order 26.4b1, increase NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1 NJ Exec Order 26.4b1 made aware and will contact family."

On 5/29/23 at 8:18 AM, (reflected late entry) LPN #2 documented: "Medication error noted on NJ Exec Order 26.4b1 in reference to NJ Exec Order 26.4b1 Dr [Name Redacted] made aware and no new orders at this time, and POA [Power of Attorney] made aware."

On 5/29/23 at 3:15 PM, Registered Nurse #1 (RN #1) documented: "Patient NJ Exec Order 26.4b1 for breakfast, lunch only drank orange juice, [brand redacted] NJ Exec Order 26.4b1, PRN NJ Exec Order 26.4b1 "

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F 760	Continued From page 55 A review of the Licensed Nurse Competency Checklist for LPN #1 did not include a Medication Pass Observation. A review of the facility In-Service (education); The five rights of medication pass, dated [NJ Exec Order 26] did not include LPN #1. A review of the undated, facility provided In-Service; The five rights of medication pass included LPN #1. A review of the facility-provided scheduled list did not reflect LPN #1 was in the facility from [NJ Exec Order 26] to 5/31/23. 2. A review of Resident #390's MEIR dated [NJ Exec Order 26], signed by the [US FOIA (6)] included the following: Date of Error: [NJ Exec Order 26] at 9:00 PM and [NJ Exec Order 26] at 6:00 AM Date of Error Discovery: [NJ Exec Order 26] at 9:00 AM Medication/Treatment involved: [NJ Exec Order 26.4b] Type of Error: Incorrect dose Explanation/Reason medication error was made: Resident was previously receiving [NJ Exec Order 26.4b1] and the new bingo card was delivered with [NJNJ Exec Order 26.4b1] and the nurse subsequently [NJ Exec Order 26.4b1] without confirming the right dose. Actions Taken: Resident assessed. [US FOIA] was made aware. Family was made aware. Nurse written up and educated. The MEIR also revealed that on [NJ Exec Order 26.4b1], LPN #3 administered the incorrect dose to the resident because the dosage of the tabs had changed, and the nurse failed to perform a	F 760		

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dose check prior to administration.

LPN #3 signed the acknowledgment of the incident communication on [redacted]. Under employee comments, LPN #3 wrote, "Resident was previously receiving [redacted] and I popped the [redacted] Resident always receives. Seeing that the previous nurses gave and sign the same, I assumed still the same usual dose. Forgetting that pharmacy delivered a new blister card of [redacted] o[redacted]. I admit my error ...Med was crushed patient took a sip and the rest was discarded."

A review of the IR dated [redacted] under Immediate Action Taken, revealed "Resident was assessed, [redacted] was made aware with no new orders. Resident is [redacted] on [redacted] Family made aware. Resident continues to be observed and doses for 2 PM and 9 PM have been scheduled to be held for today."

A review of the Order Audit Report revealed on [redacted] at 11:34 AM, a hold order was created by the [redacted] ordered by the [redacted] the reason was a medication error, and the resident received additional doses.

On 5/30/2023 at 11:27 AM, LPN #2 documented: "Medication error noted, [redacted] on evening of [redacted] and morning of [redacted] Resident assessed, [redacted]). [redacted] made aware with no new orders. Resident is on [redacted]. Will continue to observe resident for any changes. [redacted] to call family and make them aware."

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A review of the Order Summary Report for NJ Exec Order 26.4b1 indicated that the NJ Exec Order 26.4b1 give one tab by mouth three times a day, related to NJ Exec Order 26.4b1 with a start date of NJ Exec Order 26.4b1 was placed on a hold from NJ Exec Order 26.4b1 at 11:34 AM to 5/31/23 at 5:59 PM.

On 5/31/23 at 6:06 AM, LPN #3 documented, "Medication on hold for NJ Exec Order 26.4b1."

A review of the vital signs revealed the resident's NJ Exec Order 26.4b1 had changed on NJ Exec Order 26.4b1 and required administration of NJ Exec Order 26.4b1 by way of NJ Exec Order 26.4b1 The vital signs reviewed included the following:

NJ Exec Order 26.4b1

NJ Exec Order 26.4b1	11:40 PM	NJ Exec Order 26.4b1
NJ Exec Order 26.4b1	10:50 AM	NJ Exec Order 26.4b1
NJ Exec Order 26.4b1	7:42 PM	NJ Exec Order 26.4b1
NJ Exec Order 26.4b1	10:51 AM	NJ Exec Order 26.4b1
NJ Exec Order 26.4b1	10:15 AM	NJ Exec Order 26.4b1
NJ Exec Order 26.4b1	10:16 AM	NJ Exec Order 26.4b1
NJ Exec Order 26.4b1	10:41 PM	NJ Exec Order 26.4b1
NJ Exec Order 26.4b1	09:36 AM	NJ Exec Order 26.4b1
NJ Exec Order 26.4b1	11:11 PM	NJ Exec Order 26.4b1
NJ Exec Order 26.4b1	10:27 AM	NJ Exec Order 26.4b1
NJ Exec Order 26.4b1	8:00 PM	NJ Exec Order 26.4b1
NJ Exec Order 26.4b1	02:27 PM	NJ Exec Order 26.4b1
NJ Exec Order 26.4b1	8:07 PM	NJ Exec Order 26.4b1
NJ Exec Order 26.4b1	10:39 AM	NJ Exec Order 26.4b1
NJ Exec Order 26.4b1	10:39 AM	NJ Exec Order 26.4b1
NJ Exec Order 26.4b1	10:42 AM	NJ Exec Order 26.4b1
NJ Exec Order 26.4b1	06:14 AM	NJ Exec Order 26.4b1
NJ Exec Order 26.4b1	8:05 PM	NJ Exec Order 26.4b1
NJ Exec Order 26.4b1	09:26 AM	NJ Exec Order 26.4b1
NJ Exec Order 26.4b1	7:22 PM	NJ Exec Order 26.4b1

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NJ Exec Order 26.4b1 10:58 AM NJ Exec Order 26.4b1
NJ Exec Order 26.4b1 01:14 AM NJ Exec Order 26.4b1
NJ Exec Order 26.4b1 10:19 AM NJ Exec Order 26.4b1
NJ Exec Order 26.4b1 8:09 PM NJ Exec Order 26.4b1
NJ Exec Order 26.4b1 09:34 AM NJ Exec Order 26.4b1
NJ Exec Order 26.4b1 10:42 AM NJ Exec Order 26.4b1
NJ Exec Order 26.4b1 11:34 PM NJ Exec Order 26.4b1
NJ Exec Order 26.4b1 12:03 PM NJ Exec Order 26.4b1
NJ Exec Order 26.4b1 8:31 PM NJ Exec Order 26.4b1
NJ Exec Order 26.4b1 11:19 AM NJ Exec Order 26.4b1
NJ Exec Order 26.4b1 00:42 AM NJ Exec Order 26.4b1
NJ Exec Order 26.4b1 02:33 PM NJ Exec Order 26.4b1
NJ Exec Order 26.4b1 11:43 PM NJ Exec Order 26.4b1
NJ Exec Order 26.4b1 10:33 AM NJ Exec Order 26.4b1
NJ Exec Order 26.4b1 01:40 AM NJ Exec Order 26.4b1
NJ Exec Order 26.4b1 10:42 AM NJ Exec Order 26.4b1

Review of the NJ Exec Order 26.4b1
NJ Exec Order 26.4b1 02:05 PM NJ Exec Order 26.4b1 [redacted]
NJ Exec Order 26.4b1 02:36 PM NJ Exec Order 26.4b1 [redacted]
NJ Exec Order 26.4b1 06:21 AM NJ Exec Order 26.4b1 [redacted]

Review of the NJ Exec Orde
NJ Exec Order 26.4b1 02:05 PM NJ Exec Order 26.4b1
NJ Exec Order 26.4b1 02:36 PM NJ Exec Order 26.4b1
NJ Exec Order 26.4b1 06:21 AM NJ Exec Order 26.4b1

Review of the NJ Exec Order 26.4b1
NJ Exec Order 26.4b1 02:05 PM NJ Exec Order 26.4b1
NJ Exec Order 26.4b1 02:36 PM NJ Exec Order 26.4b1
NJ Exec Order 26.4b1 06:21 AM NJ Exec Order 26.4b1

Further review of the vital signs from NJ Exec Order 26.4b1 through NJ Exec Order 26.4b1, revealed that the resident was not monitored for NJ Exec Order 26.4b1 [redacted] on NJ Exec Order 26.4b1

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315492	A. BUILDING _____ B. WING _____	C 07/28/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FALLSVIEW NURSING AND REHABILITATION CENTER	199 POWERVILLE ROAD BOONTON, NJ 07005

(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 760	Continued From page 59	F 760		

NJ Exec Order 26.4b1 when the resident had NJ Exec Order 26.4b1 from medication errors identified which included a NJ Exec Order 26.4b1 as evidenced in the PN, RI and MEIR.

A review of the Licensed Nurse Competency Checklist dated NJ Exec Order 26 for LPN #3 did not include a Medication Pass Observation.

A review of the facility In-Service (education); The five rights of medication pass, dated NJ Exec Order 26 did not include LPN #3.

On 7/26/23 at 10:38 AM, the surveyor interviewed the US FOIA (b)(6) The US FO confirmed that he had not provided an in-service regarding the NJ Exec Order 26.4b1

On 7/26/23 at 11:02 AM, during an interview with the surveyor, LPN #1 informed the surveyor that during the medication pass on NJ Exec Order 26 she noticed the medication card (a multi-dose card containing individually packaged medications) for NJ Exec Order 26.4b1 and compared it to the eMAR and "I wondered" why the other nurses NJ Exec Order 26.4b1. LPN#1 further stated that "I then called NJ Exec Order 26.1 the US FOIA (b)(6) the family and told my supervisor."

On 7/26/23 at 11:39 AM, the surveyor interviewed the US FOIA (b)(6) of the resident. The US FOIA (b)(6) stated that "I do not recall if that was communicated to me," with regard to the NJ Exec Order 26 recommendation of the US FOIA (b)(6) for NJ Exec Order 26.4b1 tab three times a day and was transcribed as NJ Exec Order 26.4b1. The US FOIA (b)(6) further stated that "the US FOIA (b)(6) has prescribing privileges."

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F 760	Continued From page 60	F 760		

On 7/26/23 at 01:28 PM, the surveyor interviewed the [US FOIA (b)] in the presence of the survey team. The [US FOIA (b)] stated, "Once a medication error occurred, we fix it right away and let the [US FOIA] and family know." The [US FOIA (b)] further stated, "I completed the IR and a medication error report." The [US FOIA (b)] also stated that at that time Resident #390 "appeared" to have declined "but I can't correlate that it is from the error."

At that same time, the [US FOIA (b)] stated that Resident #390 was "NJ Exec Order 26.4b1" when the resident received [NJ Exec Order 26.4] [NJ Exec Or] than what was prescribed. She further stated that "We educated some of the nurses on the 5 (five) rights of medication administration."

Furthermore, the [US FOIA (b)] stated, "I held the medication because of the medication administration error."

On 7/27/23 at 12:52 PM, the survey team met with the US FOIA (b)(6) [redacted] The [US FOIA (b)] acknowledged the physician's order should be followed.

At that time, the [US FOIA (b)(6)] stated following a physician's order was based on accepted standards of professional practice to avoid negative outcomes for the resident.

At that time, the [US FOIA (b)(6)] confirmed the significant medication error for [NJ Exec Order 26.4b] and that the resident received more than the prescribed order.

On 7/28/23 at 11:40 AM, during a meeting with the survey team, the [US FOIA (b)] stated that LPN #2 was written up yesterday ([NJ Exec Order 2]), for the

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	315492	A. BUILDING _____ B. WING _____	C 07/28/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FALLSVIEW NURSING AND REHABILITATION CENTER	199 POWERVILLE ROAD BOONTON, NJ 07005

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F 760	Continued From page 61	F 760		

medication error [transcription error] of placing an order for the NJ Exec Order 26.4b1 as opposed to the intended [NJ Exec Order 26] recommended by the PNP on [NJ Exec Order 26]; identified after surveyor inquiry. The [US FOIA (b)] confirmed that LPN#2 did not have a medication pass observation and was scheduled for a medication pass observation on that day.

A review of the provided facility policy; Medication Errors included the following.
Policy Statement: In the event of a medication error, the facility will act promptly to assess for adverse consequences, notify the physician, carry out follow-up orders as directed by the physician, and address the route cause of the error.
Policy Interpretation:
3. In the event of a significant medication-related error or adverse consequence, immediate action is taken, as necessary, to protect the resident's safety and welfare. Significant is defined as:
a. Requiring medication discontinuation or dose modification.
d. Requiring treatment with prescription medication.

NJAC 23.2(a); 27.1(a); 29.2(d)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	061415	A. BUILDING: _____ B. WING _____	C 07/28/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FALLSVIEW NURSING AND REHABILITATION CENTE	199 POWERVILLE ROAD BOONTON, NJ 07005

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S 000	Initial Comments The facility is not in compliance with the Standards in the New Jersey Administrative Code, Chapter 8:39, Standards for Licensure of Long Term Care Facilities. 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 the Provisions of the New Jersey Administrative Code, Title 8, Chapter 43E, Enforcement of Licensure Regulations.	S 000		
S 560	8:39-5.1(a) Mandatory Access to Care (a) The facility shall comply with applicable Federal, State, and local laws, rules, and regulations. This REQUIREMENT is not met as evidenced by: Based on interviews and a review of pertinent facility documentation, it was determined that the facility failed to maintain the required minimum direct care staff to resident ratios for the day shift as mandated by the State of New Jersey. This deficient practice was identified for CNA staffing for residents on 14 of 14-day shifts from 7/02/23 through 7/15/23. The findings were as follows: Reference: New Jersey Department of Health (DOH) memo, dated 1/28/2021, "Compliance with N.J.S.A. (New Jersey Statutes Annotated) 30:13-18, new minimum staffing requirements for nursing homes," indicated the New Jersey Governor signed into law P.L. 2020 c 112,	S 560	PLAN OF CORRECTION: S560 8:39-5.1(a) Mandatory Access to Care(a) The facility shall comply with applicable Federal, State, and local laws, rules, and regulations. CORRECTIVE ACTION(S): • Fallsview Rehab and nursing enter is actively trying to hire CNAs and train NAs to become CNAs in order to ensure that all shifts are scheduled to comply with ratios. • NAs have completed their CNA school and are poised to take the skills and Written test. • "DON, staffing coordinator or designee will review staffing callouts daily	8/2/23

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

Electronically Signed | 08/18/23

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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S 560	Continued From page 1 codified at N.J.S.A. 30:13-18 (the Act), which established minimum staffing requirements in nursing homes. The following ratio(s) were effective on 2/01/2021: One Certified Nurse Aide (CNA) to every eight residents for the day shift. One direct care staff member to every 10 residents for the evening shift, provided that no fewer than half of all staff members shall be CNAs, and each direct staff member shall be signed in to work as a CNA and shall perform nurse aide duties: and One direct care staff member to every 14 residents for the night shift, provided that each direct care staff member shall sign in to work as a CNA and perform CNA duties. A review of the "Nursing Staffing Report" completed by the facility for the weeks of 7/02/23 through 7/15/23, revealed the staffing to resident ratios did not meet the minimum requirement for one CNA to eight residents for the day shift as documented below: -07/02/23 had 7 CNAs for 88 residents on the day shift, required 11 CNAs. -07/03/23 had 7 CNAs for 87 residents on the day shift, required 11 CNAs. -07/04/23 had 6 CNAs for 86 residents on the day shift, required 11 CNAs. -07/05/23 had 7 CNAs for 84 residents on the day shift, required 10 CNAs. -07/06/23 had 8 CNAs for 84 residents on the day shift, required 10 CNAs. -07/07/23 had 7 CNAs for 84 residents on the day shift, required 10 CNAs. -07/08/23 had 9 CNAs for 84 residents on the day	S 560	and make every effort to replace. DENTIFICATION OF RESIDENTS WHO HAVE THE POTENTIAL TO BE AFFECTED BY THE SAME DEFICIENT PRACTICE • All residents have the potential to be affected by this practice. MEASURES PUT IN PLACE: • Facility's Recruitment and Retention Strategies and Efforts to comply with the State's Staffing Ratios have been in progress, which include but are not limited to the following: 1. Offer bonuses to attract staff. 2. Recruitment bonus to encourage referrals from current staff 3. Facility offers bonuses based on an established bonus plan for any extra shifts being picked up by a CNA. 4. Continue running ads in various social media platforms. 5. Increased Sponsorships of advertisements on social media platforms. 6. The facility has implemented a plan to assist candidates obtain grants for associate and bachelor's degrees for further education and career advancement opportunities. 7. Subsidized transportation to and from work. 8. Flexible shifts and schedules 9. The facility implemented higher rates for C.N.As 10. Approved agency overtime Using	

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S 560	Continued From page 2 shift, required 10 CNAs. -07/09/23 had 4 CNAs for 85 residents on the day shift, required 11 CNAs. -07/10/23 had 10 CNAs for 85 residents on the day shift, required 11 CNAs. -07/11/23 had 9 CNAs for 85 residents on the day shift, required 11 CNAs. -07/12/23 had 9 CNAs for 85 residents on the day shift, required 11 CNAs. -07/13/23 had 8 CNAs for 85 residents on the day shift, required 11 CNAs. -07/14/23 had 8 CNAs for 85 residents on the day shift, required 11 CNAs. -07/15/23 had 5 CNAs for 85 residents on the day shift, required 11 CNAs. On 7/28/23 at 10:19 AM, the surveyor interviewed the Staffing Coordinator who acknowledged the state's minimum staffing ratios for each shift. She further stated that the facility is meeting the minimum ratios at times and that the facility utilized two agencies so that when there were callouts "I try my best to replace as much as possible." On 7/28/23 at 11:59 AM, the survey team met with the Regional Chief Nurse Officer, the Director of Nursing, and the Licensed Nursing Home Administrator and discussed the above findings. There was no additional information provided by the facility management.	S 560	staffing agencies 11. Facility conducts job fairs 12. Nursing staff will assist in covering open C.N.A shifts when needed. MONITORING OF MEASURES: • Staffing Coordinator will provide weekly reports to the Director of Nursing and Administrator regarding all efforts made to try to comply with the State's Staffing Ratios. • Reports will be submitted to the QAPI Committee monthly X 3 months. • After 3 months QAPI Committee will review if any further changes have to be made.	
S1410	8:39-19.5(b)(1) Mandatory Infection Control and Sanitation (b) Each new employee, including members of	S1410		8/2/23

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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S1410	Continued From page 3 the medical staff employed by the facility, upon employment shall receive a two-step Mantoux tuberculin skin test with five tuberculin units of purified protein derivative. The only exceptions shall be employees with documented negative two-step Mantoux skin test results (zero to nine millimeters of induration) within the last year, employees with a documented positive Mantoux skin test result (10 or more millimeters of induration), employees who have received appropriate medical treatment for tuberculosis, or when medically contraindicated. Results of the Mantoux tuberculin skin tests administered to new employees shall be acted upon as follows: 1. If the first step of the Mantoux tuberculin skin test result is less than 10 millimeters of induration, the second step of the two-step Mantoux test shall be administered one to three weeks later. This REQUIREMENT is not met as evidenced by: Based on interview and review of pertinent facility documents, it was determined that the facility failed to perform a [redacted] for infection and disease screening as required for newly hired employees. This deficient practice was identified for 2 (two) of 10 (ten) employee files (Staff #1, and #7) reviewed and was evidenced by the following: On 7/27/23 at 10:30 AM, the surveyor reviewed 10 (ten) employee files in the presence of a	S1410	PLAN OF CORRECTION: S1410 8:39-19.5(b)(1) Mandatory Infection Control and Sanitation CORRECTIVE ACTION(S): Employee #1 and #7 required to get chest x ray. " Implemented a new hire checklist to be completed upon hire. DENTIFICATION OF RESIDENTS WHO HAVE THE POTENTIAL TO BE AFFECTED BY THE SAME DEFICIENT PRACTICE	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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S1410	Continued From page 4 second surveyor which revealed that Staff #1 was hired on NJ Exec Order 26 and had a NJ Exec Order 26.4b1 on NJ Exec Order 2, which is a NJ Exec Order 26.4b1 to help diagnose an individual with latent or active NJ Exe as an alternative to a NJ Exec Order 26. In addition, Staff #7 was hired on NJ Exec Order 26 and there was no evidence that a NJ Exec Order 26.4b1 or equivalent test was performed for NJ Exec On 7/27/23 at 12:03 PM, the surveyor interviewed the Director of Human Resources (DHR) who stated that the Human Resources department were responsible for the non-medical components of the employee files. She further stated that the facility's clinical team were responsible for the employee health file to ensure that upon hire the medical components of the hiring process were completed in the appropriate time frames. On 7/27/23 at 12:40 PM, the surveyor interviewed the Director of Nursing (DON) in the presence of the DHR and a second surveyor. The DON stated that it was her responsibility to ensure that the employee health files were completed and accurate. The surveyor reviewed the concerns for Staff #1 and #7 regarding NJ Exec Order 26.4b1 On 7/27/23 a 1:03 PM, the surveyor reviewed the NJ Exec Order 26.4b1 concerns for Staff #1 and #7 with the Regional Registered Nurse, the Licensed Nursing Home Administrator (LNHA) and the DON in the presence of the survey team. On 7/28/23 at 12:08 PM, the LNHA acknowledged the surveyor's concerns as noted above and stated that it was before her time as the LNHA. On 7/28/23 at 2:03 PM, the LNHA stated that the	S1410	" All residents have the potential to be affected by this practice. MEASURES PUT IN PLACE: " All new hires complete the new hire checklist with IP/DON to ensure all medical testing is completed in the correct time frame on the checklist. staff involved with hiring process was in-serviced to ensure new hire checklist is completed upon hire at indicated time MONITORING OF MEASURES: " DON/IP to audit all new hires files monthly. " Reports will be submitted to the QAPI Committee monthly X 3 months. " After 3 months the QAPI Committee will review if any further changes have to be made. Completion Date:8/2/2023	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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S1410	Continued From page 5 facility did not have a policy related to NJ Exec Order 26.4b1 however, did provide the surveyor with a "New Team Member Checklist" which included "NJ Exec Order 26.4b1" under the employee health checklist.	S1410		

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

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
315492 Y1	A. Building B. Wing Y2	8/30/2023 Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
FALLSVIEW NURSING AND REHABILITATION CENTER	199 POWERVILLE ROAD BOONTON, NJ 07005

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 F0726	Correction	ID Prefix F0755	Correction	ID Prefix F0756	Correction
Reg. # 483.35(a)(3)(4)(c)	Completed	Reg. # 483.45(a)(b)(1)-(3)	Completed	Reg. # 483.45(c)(1)(2)(4)(5)	Completed
LSC	08/02/2023	LSC	08/02/2023	LSC	08/02/2023
ID Prefix F0760	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 483.45(f)(2)	Completed	Reg. #	Completed	Reg. #	Completed
LSC	08/02/2023	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 ☐	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO ☐	REVIEWED BY (INITIALS)	DATE	TITLE	DATE

FOLLOWUP TO SURVEY COMPLETED ON	
7/28/2023	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO

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

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
315492 Y1	A. Building B. Wing Y2	8/30/2023 Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
FALLSVIEW NURSING AND REHABILITATION CENTER	199 POWERVILLE ROAD BOONTON, NJ 07005

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ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix F0640	Correction	ID Prefix F0686	Correction	ID Prefix F0726	Correction
Reg. # 483.20(f)(1)-(4)	Completed	Reg. # 483.25(b)(1)(i)(ii)	Completed	Reg. # 483.35(a)(3)(4)(c)	Completed
LSC	07/29/2023	LSC	08/02/2023	LSC	08/02/2023
ID Prefix F0755	Correction	ID Prefix F0756	Correction	ID Prefix F0757	Correction
Reg. # 483.45(a)(b)(1)-(3)	Completed	Reg. # 483.45(c)(1)(2)(4)(5)	Completed	Reg. # 483.45(d)(1)-(6)	Completed
LSC	08/02/2023	LSC	08/02/2023	LSC	08/02/2023
ID Prefix F0760	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 483.45(f)(2)	Completed	Reg. #	Completed	Reg. #	Completed
LSC	08/02/2023	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 ☐	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO ☐	REVIEWED BY (INITIALS)	DATE	TITLE	DATE

FOLLOWUP TO SURVEY COMPLETED ON	
7/28/2023	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
061415 Y1	A. Building B. Wing Y2	8/30/2023 Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
FALLSVIEW NURSING AND REHABILITATION CENTER	199 POWERVILLE ROAD BOONTON, NJ 07005

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 S0560 Reg. # 8:39-5.1(a) LSC	Correction Completed 08/02/2023	ID Prefix S1410 Reg. # 8:39-19.5(b)(1) LSC	Correction Completed 08/02/2023	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
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REVIEWED BY STATE AGENCY ☐	**REVIEWED BY (INITIALS)**	**DATE**	**SIGNATURE OF SURVEYOR**	**DATE**
REVIEWED BY CMS RO ☐	**REVIEWED BY (INITIALS)**	**DATE**	**TITLE**	**DATE**

FOLLOWUP TO SURVEY COMPLETED ON
7/28/2023

☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ **YES** ☐ **NO**

 EVENT ID: TVYX12

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315492	A. BUILDING **01** B. WING _____	C **07/28/2023**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FALLSVIEW NURSING AND REHABILITATION CENTER	**199 POWERVILLE ROAD** **BOONTON, NJ 07005**

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K 000	INITIAL COMMENTS The nursing home building construction was stated to be 1980s with no current major renovations or noted additions. It is a two story building Type V (000) construction and is fully sprinklered. The 2-exterior generators (1) 15 KW natural gas fuel and (1) diesel 200 KW and they do approximately 80% of the building. The facility has 9-smoke zones. The facility's fire sprinkler system works off city pressure and has a unique feature that has a below ground water tank that is pressurized by a compressor, when activated will provide water to the system. There is supervised smoke detection located in the corridors, spaces open to the corridors and in resident rooms. The two (2)generator's outside the facility are stated to be tied to the fire alarm control panel, cross corridor door hold open devices, exterior door releases, emergency facility lighting and life safety components utilized for preservation of life The facility has an ongoing K-161 until a completed new fire alarm system is completely installed and verified by the Authority having jurisdiction (AHJ). As of this date the fire alarm system is not complete and the facility will have to have an updated Fire Safety Evaluation System (FSES) completed. The facility has 117 certified beds. At the time of the survey the census was 90. The requirement at 42 CFR Subpart 483.90(a) is NOT MET as evidenced by:	K 000		
K 161 SS=F	Building Construction Type and Height CFR(s): NFPA 101	K 161		9/8/23

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

Electronically Signed | 08/18/2023

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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K 161	Continued From page 1 Building Construction Type and Height 2012 EXISTING Building construction type and stories meets Table 19.1.6.1, unless otherwise permitted by 19.1.6.2 through 19.1.6.7 19.1.6.4, 19.1.6.5 Construction Type 1 I (442), I (332), II (222) Any number of stories non-sprinklered and sprinklered 2 II (111) One story non-sprinklered Maximum 3 stories sprinklered 3 II (000) Not allowed non-sprinklered 4 III (211) Maximum 2 stories sprinklered 5 IV (2HH) 6 V (111) 7 III (200) Not allowed non-sprinklered 8 V (000) Maximum 1 story sprinklered Sprinklered stories must be sprinklered throughout by an approved, supervised automatic system in accordance with section 9.7. (See 19.3.5) Give a brief description, in REMARKS, of the construction, the number of stories, including basements, floors on which patients are located, location of smoke or fire barriers and dates of	K 161		

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K 161	Continued From page 2 approval. Complete sketch or attach small floor plan of the building as appropriate. This REQUIREMENT is not met as evidenced by: Based on observation and interview on 7/26/23, it was determined that a section of the facility's building was not in compliance with the construction requirements of NFPA 101:2012 for woodframe structures as evidenced by the following: During a tour of the building from 10:30 AM to 12:30 PM, the surveyor observed that the Evergreen and Magnolia sections (combined) were a 2-story woodframe construction type, thus exceeding the 1-story height requirement for a woodframe building. This finding was confirmed by the facility's US FOIA (b)(6) in an interview during a tour of the Evergreen and Magnolia sections of the building at approximately 11:00 AM. During the facility's Life Safety Code survey exit conference at 02:00 PM, the surveyor verbally informed the facility's US FOIA (b)(6) and Corporate staff that Evergreen and Magnolia sections of the building did not comply with the construction requirements of NFPA 101:2012. The facility was informed that a new FSES will be required. NJAC 8:39-31.1(c) NFPA 101:2012 - Table 19.1.6.1	K 161	K-161 □ Building construction Type and Height SS=F Corrective actions : " The facility US FOIA (b)(6) was in-serviced on the construction requirements of NFPA 101:2012 for wood frame structures and a new fire Safety Evaluation System (FSES) completed. IDENTIFICATION OF RESIDENTS WHO HAVE THE POTENTIAL TO BE AFFECTED BY THE SAME DEFICIENT PRACTICE " All residents are at risk to be affected by the deficient practice MEASURES PUT IN PLACE: A new fire Safety Evaluation System (FSES) was completed and failed. A time limited waiver was submitted to complete necessary construction in zone 14 and 15. the construction will be adding doors and corridors in Zone 14 and 15th to increase the score to passing score. MONITORING OF MEASURES: " DOM/Designee will audit the progress of completing the ongoing K-161 monthly for the next 3 months and submit findings to the facility administrator. " Audit findings will be submitted to the monthly QA Committee meeting for 3 months to review and determine if further	

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K 161	Continued From page 3	K 161	interventions are needed. Completion Date: 09/08/2023	
K 345 SS=F	Fire Alarm System - Testing and Maintenance CFR(s): NFPA 101 Fire Alarm System - Testing and Maintenance A fire alarm system is tested and maintained in accordance with an approved program complying with the requirements of NFPA 70, National Electric Code, and NFPA 72, National Fire Alarm and Signaling Code. Records of system acceptance, maintenance and testing are readily available. 9.6.1.3, 9.6.1.5, NFPA 70, NFPA 72 This REQUIREMENT is not met as evidenced by: Based on observation, interview, and document review on 7/26/23, in the presence of the US FOIA (b)(6) it was determined that the facility failed to a.) ensure a smoke detection sensitivity testing was completed of the facility's smoke detectors in accordance with NFPA 72 (2010 edition) section 14.4.5.3.2., and b.) provide an updated fire alarm system & testing inspection report as per NFPA 70 & 72. The deficient practice was identified for 2 (two) of 2 (two) inspection reports and was evidenced by the following: a.) At 11:10 AM, the surveyor reviewed all related fire alarm documentation provided by the US FOIA from the fire alarm vendor to determine if the sensitivity test was performed. During the document review, an interview was conducted with the US FOIA who indicated he was	K 345	K-345 □ Fire Alarm Testing and Maintenance SS=F 1. All residents are at risk to be affected by the deficient practice 2. The facility US FOIA (b)(6) was in-serviced on Fire Alarm Testing and Maintenance compliance with requirements of NFPA 70, NEC and NFPA 72, NFASC, Records of system acceptance, maintenance and testing. The US FOIA (b)(6) was also in-serviced on the requirement to have inspections on a semi-annual schedule. A quote was received for the Smoke Sensitivity Testing and is scheduled to perform the test on 10/04/2023 3. DOM/Designee will audit the Fire Alarm Testing and Maintenance inspections monthly for 3 months and	10/4/23

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K 345	Continued From page 4 unsure if the required sensitivity test for the facility smoke detectors was performed. The US FOIA noted he would contact the facility fire alarm vendor to see if sensitivity testing was performed, and no further documentation was provided. b.) At 11:40 AM, the surveyor reviewed all fire alarm documentation from the vendor document review. The last inspection report was conducted over seven (7) months ago and was dated 12/22/22. The prior inspection was conducted 12/08/21. The fire alarm system utilizes sealed lead acid batteries as a backup and requires a semi-annual inspection per NFPA 70 & 72. During an interview with the US FOIA during document review, he stated that he was unsure why the facility fire alarm vendor was only conducting an annual inspection and not the required semi annual inspection. He indicated he would call the fire alarm vendor to see why the inspection was not fulfilled. The US FOIA provided no further information. The US FOIA (b)(6) and Corporate staff were informed of the findings at the Life Safety Code Exit conference on 7/26/23. NJAC 8:39-31.1(c) NJAC 8:39-31.2(e) NFPA 70, 72	K 345	submit findings to the facility administrator. 4. Audit findings will be submitted to the monthly QA Committee meeting for 3 months to review and determine if further interventions are needed.	
K 351 SS=F	Sprinkler System - Installation CFR(s): NFPA 101 Spinkler System - Installation 2012 EXISTING Nursing homes, and hospitals where required by construction type, are protected throughout by an	K 351		9/28/23

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K 351	Continued From page 5 approved automatic sprinkler system in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems. In Type I and II construction, alternative protection measures are permitted to be substituted for sprinkler protection in specific areas where state or local regulations prohibit sprinklers. In hospitals, sprinklers are not required in clothes closets of patient sleeping rooms where the area of the closet does not exceed 6 square feet and sprinkler coverage covers the closet footprint as required by NFPA 13, Standard for Installation of Sprinkler Systems. 19.3.5.1, 19.3.5.2, 19.3.5.3, 19.3.5.4, 19.3.5.5, 19.4.2, 19.3.5.10, 9.7, 9.7.1.1(1) This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review on 7/26/23, in the presence of the US FOIA (b)(6) it was determined that the facility failed to a.) provide complete sprinkler coverage as required by Centers for Medicare/Medicaid Services regulation § 483.90(a) physical environment and b.) install the sprinkler system in accordance with the requirements of NFPA 101, 2012 Edition, Section 19.3.5, 4.6.12 and 9.7, NFPA 13, 2012 Edition, Section 6.2.7.1, 8.1, 8.1.1, 8.5.2.1, 8.5.5, 8.5.5.2 8.15.7, 8.15.7.1 and 8.15.7.5. The lack of sprinkler coverage could delay or prevent the extinguishment of a fire in this area. This deficient practice was identified for 2 (two) of 2 (two) exterior combustible overhangs outside the facility and was evidenced by the following: 1) At 11:42 AM, the surveyor, US FOIA (b)(6), observed the exterior overhang on floor-2, outside the conference room deck that a 5'	K 351	K-351 □ Sprinkler System □ Installation SS=F 1. All residents are at risk to be affected by the deficient practice 2. The facility US FOIA (b)(6) was in-serviced on the CMS requirement to provide complete sprinkler coverage and install the sprinkler system in accordance with the requirements of NFPA 101, 2012 Edition. Completed installation of sprinklers on floor 2 outside the conference room deck 5□ x 80□ long overhang that is covered with a white plastic vinyl like combustible material and floor 2 outside the rear of the building 5□ x 80□ long overhang that is covered with a white plastic vinyl like combustible material. 3.The 12x10 storage shed was removed from under a section of the overhang. 4. DOM/Designee will audit the areas	

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K 351	Continued From page 6 (measured) x approximately 80' long overhang was covered with a white plastic (vinyl) like combustible material. The overhang was attached to a Type-V (000) building construction and was not provided with any fire sprinkler coverage. 2) At 12:53 PM, the surveyor, US FOIA (b)(6), observed the exterior overhang on floor-2, outside the rear of the building that approximately an 5' x 80' long overhang was covered with a white plastic (vinyl) like combustible material. The overhang was attached to a Type-V (000) building construction and was not provided with any fire sprinkler coverage. There was a storage shed approximately 12' x 10' in size and it was storing combustible boxes and supplies. The shed was located directly under a section of the overhang. The US FOIA (b)(6) both confirmed the findings during the exterior overhang observations and they stated the overhang was not provided with any fire sprinkler protection. The US FOIA (b)(6) and Corporate staff were informed of the finding's at the Life Safety Code exit conference on 7/26/23.	K 351	requiring complete sprinkler coverage monthly for 3 months and submit findings to the facility administrator. 5. Audit findings will be submitted to the monthly QA Committee meeting for 3 months to review and determine if further interventions are needed.	
K 374 SS=E	NJAC 8:39-31.2(e) Subdivision of Building Spaces - Smoke Barrie CFR(s): NFPA 101 Subdivision of Building Spaces - Smoke Barrier Doors 2012 EXISTING Doors in smoke barriers are 1-3/4-inch thick solid bonded wood-core doors or of construction that resists fire for 20 minutes. Nonrated protective	K 374		7/29/23

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K 374	Continued From page 7 plates of unlimited height are permitted. Doors are permitted to have fixed fire window assemblies per 8.5. Doors are self-closing or automatic-closing, do not require latching, and are not required to swing in the direction of egress travel. Door opening provides a minimum clear width of 32 inches for swinging or horizontal doors. 19.3.7.6, 19.3.7.8, 19.3.7.9 This REQUIREMENT is not met as evidenced by: Based on observation and interview on 7/26/23, in the presence of the US FOIA (b)(6) [redacted], it was determined that the facility failed to provide smoke barrier wall doors that completely closed to resist the passage of smoke, flame, or gases during a fire in accordance with NFPA 101, 2012 LSC Edition, Section 19.3.7, 19.3.7.1, 19.3.7.8, 8.5, 8.5.2, 8.5.4, 8.5.4.1. This deficient practice was observed for 1 (one) of 6 (six) sets of double smoke door sets observed and tested for closure and was evidenced by the following: At 11:53 AM, the surveyor observed on floor #1 by resident #116, that when the doors were activated three (3) times from the electro-magnetic door holding device. The surveyor, US FOIA (b)(6), observed an approximately 1/2" gap between the lower section of the doors. This would allow the transfer of smoke, fire and poisonous gases to pass from one smoke compartment to another in the event of a fire compromising the integrity of the (2) smoke zone. An interview was conducted with the US FOIA during	K 374	K-374 □ Subdivision of Building spaces □ Smoke Barrier SS=E 1. All residents are at risk to be affected by the deficient practice 2. The facility US FOIA (b)(6) was in-serviced on the requirement to provide smoke barrier wall doors that completely close to resist the passage of smoke, flame or gasses during a fire in accordance with NFPA 101 2012 LSC Edition. 3.The doors were immediately repaired to fully close. 4. DOM/Designee will audit the smoke barrier wall doors monthly for 3 months and submit findings to the facility administrator. 5. Audit findings will be submitted to the monthly QA Committee meeting for 3 months to review and determine if further interventions are needed.	

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K 374	Continued From page 8 the observations, where he stated and confirmed the findings. The [redacted] and Corporate staff were informed of the finding at the Life Safety Code exit conference on 7/26/2023.	K 374		
K 911 SS=E	NJAC 8:39-31.2(e) Electrical Systems - Other CFR(s): NFPA 101 Electrical Systems - Other List in the REMARKS section any NFPA 99 Chapter 6 Electrical Systems requirements that are not addressed by the provided K-Tags, but are deficient. This information, along with the applicable Life Safety Code or NFPA standard citation, should be included on Form CMS-2567. Chapter 6 (NFPA 99) This REQUIREMENT is not met as evidenced by: Based on observation, interview, and review of facility documentation on 7/26/23, in the presence of the [redacted] the facility failed to demonstrate reliability regarding fuel supply in accordance with NFPA 99, 2012 Edition Chapter 6 and NFPA 110, 2010 Edition, Section 5.1.4. for 2 (two) of 2 (two) generators. This deficient practice was evidenced by the following: At 12:05 PM, the surveyor and [redacted] reviewed all the facility's generator documentation. The facility currently has 1 (one) of 2 (two) exterior 25 KW (kilowatt) natural gas generators, The [redacted] could	K 911	K-911 □ Electrical Systems SS=E 1. All residents are at risk to be affected by the deficient practice 2. The facility [redacted] was in-serviced on the requirement to demonstrate reliability regarding fuel supply in accordance with NFPA 99 2012 Edition Ch. 6 and NFPA 110 2010 Edition Section 5.1.4. The Natural Gas vendor was called and a request was sent to the legal department to obtain a natural gas reliability letter. The letter was received. 3. DOM/Designee will audit the natural gas supply for the 25 KW natural gas generator monthly for 3 months and	9/8/23

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K 911	Continued From page 9 not produce a documented reliability letter from the natural gas provider. Reliability letters from the natural gas vendor regarding fuel supply must contain all of the following: 1. A statement of reasonable reliability of the natural gas delivery. 2. A brief description that supports the statement regarding the reliability. 3. A statement that there is a low probability of interruption of the natural gas. 4. A brief description that supports the statement regarding the low probability of interruption. 5. The signature of technical personnel from the natural gas vendor. The US FOIA confirmed there was no reliability letter available from the natural gas provider for the 25 KW natural gas generator for the facility to present to the surveyor. No additional information was received. The US FOIA (b)(6) and corporate staff were informed of the findings at the Life Safety Code exit conference on 7/26/23. NJAC 8:39-31.2(e) NFPA 99, 2012 Edition Chapter 6 and NFPA 110, 2010 Edition, Section 5.1.4.	K 911	submit findings to the facility administrator. 4. Audit findings will be submitted to the monthly QA Committee meeting for 3 months to review and determine if further interventions are needed.	

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

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
315492 Y1	A. Building 01 - MERRY HEART OF BOONTON B. Wing Y2	10/5/2023 Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
FALLSVIEW NURSING AND REHABILITATION CENTER	199 POWERVILLE ROAD BOONTON, NJ 07005

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).

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ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # NFPA 101	Completed	Reg. # NFPA 101	Completed	Reg. # NFPA 101	Completed
LSC K0345	10/04/2023	LSC K0351	09/28/2023	LSC K0374	07/29/2023
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # NFPA 101	Completed	Reg. #	Completed	Reg. #	Completed
LSC K0911	09/08/2023	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 ☐	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO ☐	REVIEWED BY (INITIALS)	DATE	TITLE	DATE

FOLLOWUP TO SURVEY COMPLETED ON	
7/28/2023	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315492	A. BUILDING **01** B. WING _____	R **10/05/2023**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FALLSVIEW NURSING AND REHABILITATION CENTER	**199 POWERVILLE ROAD** **BOONTON, NJ 07005**

(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
{K 000}	INITIAL COMMENTS The nursing home building construction was stated to be 1980s with no current major renovations or noted additions. It is a two story building Type V (000) construction and is fully sprinklered. The 2-exterior generators (1) 15 KW natural gas fuel and (1) diesel 200 KW and they do approximately 80% of the building. The facility has 9-smoke zones. The facility's fire sprinkler system works off city pressure and has a unique feature that has a below ground water tank that is pressurized by a compressor, when activated will provide water to the system. There is supervised smoke detection located in the corridors, spaces open to the corridors and in resident rooms. The two (2)generator's outside the facility are stated to be tied to the fire alarm control panel, cross corridor door hold open devices, exterior door releases, emergency facility lighting and life safety components utilized for preservation of life The facility has 117 certified beds. The facility failed to submit an acceptable FSES report.	{K 000}		
{K 161} SS=F	Building Construction Type and Height CFR(s): NFPA 101 Building Construction Type and Height 2012 EXISTING Building construction type and stories meets Table 19.1.6.1, unless otherwise permitted by 19.1.6.2 through 19.1.6.7 19.1.6.4, 19.1.6.5 Construction Type	{K 161}		

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

Electronically Signed | 11/17/2023

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315492	A. BUILDING **01** B. WING _____	R **10/05/2023**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FALLSVIEW NURSING AND REHABILITATION CENTER	**199 POWERVILLE ROAD** **BOONTON, NJ 07005**

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{K 161}	Continued From page 1	{K 161}		

1 I (442), I (332), II (222) Any number of stories
non-sprinklered and sprinklered

2 II (111) One story non-sprinklered
Maximum 3 stories sprinklered

3 II (000) Not allowed non-sprinklered
4 III (211) Maximum 2 stories sprinklered
5 IV (2HH)
6 V (111)

7 III (200) Not allowed non-sprinklered
8 V (000) Maximum 1 story sprinklered
Sprinklered stories must be sprinklered throughout by an approved, supervised automatic system in accordance with section 9.7. (See 19.3.5)
Give a brief description, in REMARKS, of the construction, the number of stories, including basements, floors on which patients are located, location of smoke or fire barriers and dates of approval. Complete sketch or attach small floor plan of the building as appropriate.
This REQUIREMENT is not met as evidenced by:
The facility remains in noncompliance with the construction requirements of NFPA 101:2012 for woodframe structures as evidenced by the following:

During a tour of the building from 10:30 AM to

1. Corrective actions

The Facility failed the FSES and failed zone 14 and Zone 15
the Facility is requesting a TLW as We need to do construction so that we can

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315492	A. BUILDING **01** B. WING _____	R **10/05/2023**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FALLSVIEW NURSING AND REHABILITATION CENTER	**199 POWERVILLE ROAD** **BOONTON, NJ 07005**

(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
{K 161}	Continued From page 2 12:30 PM, the surveyor observed that the Evergreen and Magnolia sections (combined) were a 2-story woodframe construction type, thus exceeding the 1-story height requirement for a woodframe building. This finding was confirmed by the facility's US FOIA (b)(6) an interview during a tour of the Evergreen and Magnolia sections of the building at approximately 11:00 AM. The facility submitted an unacceptable FSES. NJAC 8:39-31.1(c) NFPA 101:2012 - Table 19.1.6.1 The facility submitted an FSES report denoting equivalency for K161. After surveyor review of the FSES report, the surveyor requested evidence that Zone 14 (basement) and Zone 15 (2nd Floor) had corridors and smoke control that was documented on the FSES Worksheets, narrative and floor plan. The facility responded that there were no corridors or smoke control in Zone 14 and Zone 15. The facility submitted a revised FSES report that documented the facility did not meet equivalency due to Zone 14 and Zone 15 receiving a failing score.	{K 161}	meet equivalency via a passing FSES. The construction will include alterations to provide a compliant corridor and eliminate the present non-compliant "open to corridor" condition. Construction will follow this time line Start Date End Date Architectural Survey/ Laser Scan 12/1/2023 1/15/2024 Architectural Design 1/15/2024 4/14/2024 DOH Approval 4/14/2024 7/13/2024 DCA Approval 7/13/2024 11/10/2024 Local Building Approval 11/10/2024 12/25/2024 Construction 12/25/2024 4/24/2025 Local Building Inspections 4/24/2025 5/24/2025 DCA Approval 5/24/2025 6/23/2025 DOH Final Inspection 6/23/2025 8/22/2025 2 All residents have the potential to be affected. 3 Systemic Changes The facility will keep residents, staff and visitors safe and free from harm - Construction is out of resident areas.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315492	A. BUILDING **01** B. WING _____	R **10/05/2023**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FALLSVIEW NURSING AND REHABILITATION CENTER	**199 POWERVILLE ROAD** **BOONTON, NJ 07005**

(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
{K 161}	Continued From page 3	{K 161}	Areas of construction are never accessed by residents or visitors. Monthly Fire Drills are to be completed outside vendor, specifically a Professional Fire Safety company, to educate on up to date information, that processes and protocols are being adhered to, and visual inspection of fire extinguishers, fire panel. Fire Drills occur on all shifts for all departments to reinforce all safety measures. Facility will conduct additional fire drills in the affected area Zone 14 and zone 15 once a month on rotating shifts basis to cover all shifts and all departments. Annual Fire Extinguisher In-service along with demonstration training to be completed by a professional Fire Safety Company Director of Maintenance/designee will check weekly the fire sprinkler system, the gauges, air pressure and water pressure to ensure it is fully functional and meeting safety standards. " Bi-weekly inspection of all fire extinguishers. " Bi-weekly inspection of all emergency lighting. Administrator and director of maintenance will monitor the safety and project progress weekly. 4. QA/QAPI Director of maintenance will report the finding of the above safety inspections monthly to the QAPI committee.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FALLSVIEW NURSING AND REHABILITATION CENTER	**199 POWERVILLE ROAD** **BOONTON, NJ 07005**

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{K 161}	Continued From page 4	{K 161}	Admin will report the project progress to the QAPI monthly until the completion of the project.	

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER (Y1)	MULTIPLE CONSTRUCTION (Y2)	DATE OF REVISIT (Y3)
315492	A. Building 01 - MERRY HEART OF BOONTON B. Wing	2/26/2024

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
FALLSVIEW NURSING AND REHABILITATION CENTER	199 POWERVILLE ROAD BOONTON, NJ 07005

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 Reg. # NFPA 101 LSC K0161	Correction Completed 11/17/2023	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed

REVIEWED BY STATE AGENCY ☐	**REVIEWED BY (INITIALS)**	**DATE**	**SIGNATURE OF SURVEYOR**	**DATE**
REVIEWED BY CMS RO ☐	**REVIEWED BY (INITIALS)**	**DATE**	**TITLE**	**DATE**
FOLLOWUP TO SURVEY COMPLETED ON 7/28/2023	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ **YES** ☐ **NO**			