

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

PRINTED: 02/08/2023  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>315271</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>05/31/2022</b>
NAME OF PROVIDER OR SUPPLIER  <b>CARNEYS POINT REHABILITATION AND NURSING CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>201 FIFTH AVENUE CARNEYS POINT, NJ 08069</b>		
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F 000	INITIAL COMMENTS  STANDARD SURVEY: 05/31/22  CENSUS: 90  SAMPLE SIZE: 21  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 550 SS=E	Resident Rights/Exercise of Rights CFR(s): 483.10(a)(1)(2)(b)(1)(2)  §483.10(a) Resident Rights. The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility, including those specified in this section.  §483.10(a)(1) A facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality. The facility must protect and promote the rights of the resident.  §483.10(a)(2) The facility must provide equal access to quality care regardless of diagnosis, severity of condition, or payment source. A facility must establish and maintain identical policies and practices regarding transfer, discharge, and the provision of services under the State plan for all residents regardless of payment source.  §483.10(b) Exercise of Rights.	F 550			6/30/22

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

TITLE

(X6) DATE

Electronically Signed

06/17/2022

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 550	<p>Continued From page 1</p> <p>The resident has the right to exercise his or her rights as a resident of the facility and as a citizen or resident of the United States.</p> <p>§483.10(b)(1) The facility must ensure that the resident can exercise his or her rights without interference, coercion, discrimination, or reprisal from the facility.</p> <p>§483.10(b)(2) The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising his or her rights and to be supported by the facility in the exercise of his or her rights as required under this subpart.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview, record review, and review of other facility documents, it was determined that facility failed to obtain consents from a resident representative prior to administering the COVID-19 vaccination for 1 of 6 residents (Resident #34) reviewed for immunizations.</p> <p>This deficient practice was evidenced by the following:</p> <p>On 05/12/2022 at 12:52 PM, the surveyor observed Resident #34 sitting in a reclining chair. The surveyor greeted the resident, but he/she did not verbally respond. The resident lifted his/her [REDACTED] and shook his/her head at the surveyor. The surveyor asked the resident if he/she was okay and the resident shook his/her head "yes." The surveyor also asked the resident if he/she received a shot in his/her [REDACTED] last month and the resident shook his/her head "yes." The surveyor then asked the resident if he/she knew the name</p>	F 550	<p>1. Resident #34 had no negative outcome as a result of this practice from receiving the [REDACTED] vaccine. The facility has filed for Guardianship for resident #34.</p> <p>2. All residents have the potential to be affected by the deficient practice of not getting appropriate vaccination consent</p> <p>3. The following measures have been put into place to prevent the deficient practice from recurring: The Regional DON will educate licensed nursing staff and consulting medical staff re-in serviced on [REDACTED] vaccine consents forms All licensed nurses educated on Vaccine Consent policy and procedure All licensed nurses educated on ensuring that the resident consent form is obtained from the appropriate resident representative if resident unable to make decision for his / herself.</p>		

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F 550	<p>Continued From page 2</p> <p>of the shot, if he/she knew what the shot was for, and if the facility asked him/her about the shot. To each question, the resident shook his/her head "no."</p> <p>According to Admission Record, Resident #34 had diagnoses that included, but were not limited to, [REDACTED]. Further review of the Admission Record revealed under "Contacts" that there were no known contacts.</p> <p>Review of the resident's Quarterly Minimum Data Set (MDS), an assessment tool used to facilitate the management of care, dated [REDACTED] included, "Should Brief Interview for Mental Status [BIMS] be Conducted?" with a response of, "No (resident is rarely/never understood)." The MDS further revealed the resident's cognitive skills for daily decision making was, [REDACTED]</p> <p>Review of the resident's Social History &amp; Assessment, dated [REDACTED], included, "[Resident] is alert and oriented to name," and, "According to records there is no known family."</p> <p>Review of the Care Area Assessment (CAA) Summary, dated [REDACTED], revealed a CAA of, "Cognitive Loss," with a summary of, "Triggers R/T [related to] BIMS score of [REDACTED] [a BIMS score of 0 indicates the resident's cognition is [REDACTED] impaired] and inattention. [Resident] is oriented to self and place. [He/She] continues with confusion to time." Further review of the CAA Summary included a CAA of, "Communication," with a summary of, "Triggers R/T difficulty expressing ideas and wants. [Resident's] speech is mumbled and unclear at times, [he/she] is usually able to</p>	F 550	<p>4. Infection Preventionist or designee will review all residents identified as requiring [REDACTED] vaccinations to assure they are properly obtained daily for 90 days and then monthly for 9 months, the Director of Nursing will audit monthly for 12 months for accuracy and the Director of Nursing will report findings to the QA committee Quarterly x 4 quarters.</p>		

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F 550	<p>Continued From page 3</p> <p>make needs known. [Resident] does better with simple, yes/no questions."</p> <p>Review of the resident's undated Care Plan included a focus that, "[Resident] has impaired cognitive function R/T [REDACTED] and [REDACTED]," with an intervention that, "[Resident] needs assistance with all decision making."</p> <p>Review of the resident's [REDACTED] consult, dated [REDACTED], included, "PT [patient] is poor historian, most information obtained from medical record and staff report," and, "[he/she] only answers yes/no questions."</p> <p>Review of the resident's Immunization Report, printed [REDACTED], included the resident received a [REDACTED] vaccine on 01/05/2021, 01/26/2021, and 10/28/2021, and that all vaccinations had been consented.</p> <p>Review of the [REDACTED] Medication Administration Record (MAR) revealed the resident received a [REDACTED] vaccine on 01/05/2021 and 01/26/2021.</p> <p>Review of the [REDACTED] MAR revealed the resident received a [REDACTED] vaccine on 10/28/2021.</p> <p>Review of a Progress Note (PN), dated [REDACTED], included, "Spoke to MD [physician] regarding consents for [REDACTED] vaccine. Resident educated on risk vs. benefits of vaccine and verbalized understanding. MD made aware and consented and orders obtained."</p> <p>Review of the [REDACTED] MAR revealed the resident received a [REDACTED] vaccine on</p>	F 550			

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F 550	<p>Continued From page 4 04/29/2022.</p> <p>Review of a PN, dated 04/27/2022, included, "Spoke with MD as resident has no known family contacts in order to consent to vaccine. Resident educated r/t risks vs. benefits and common known side effects and resident verbalized understanding. MD agreeable to [REDACTED] vaccination, consent obtained."</p> <p>Review of the resident's [REDACTED] Vaccine Consent Form, undated, revealed the Nurse Practitioner (NP) signed the consent for the resident's two step [REDACTED] vaccination on the line designated for the resident's "Proxy's Signature (if resident unable to sign)."</p> <p>Review of the resident's [REDACTED] Vaccine Consent Form, dated [REDACTED], revealed two nurses signed under the section, "If Resident or Proxy is unable to sign, Nurse will contact family for verbal consent," and that the nurses obtained verbal consent from the NP.</p> <p>Review of the resident's [REDACTED] Dose Vaccine Consent Form, dated [REDACTED], revealed the NP signed the consent on the line designated for the resident's "Proxy's Signature (if resident unable to sign)."</p> <p>During an interview with the surveyor on 05/12/2022 at 12:55 PM, the Certified Nursing Assistant (CNA) stated Resident #34 was [REDACTED] and [REDACTED] only. She further stated that the resident communicates by making [REDACTED] and is not able [REDACTED]</p> <p>During an interview with the surveyor on 05/12/2022 at 12:57 PM, Licensed Practical</p>	F 550			

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F 550	<p>Continued From page 5</p> <p>Nurse/Unit Manager #2 (LPN/UM) stated Resident #34 was alert, confused, and oriented to self only. LPN/UM #2 further stated that the resident uses [REDACTED] and staff ask the resident yes or no questions. When asked who signed consents for the resident, LPN/UM #2 stated the resident doesn't have family and that the physician signed the consents.</p> <p>During an interview with the surveyor on 05/13/2022 at 10:35 AM, the Social Worker (SW) stated that if a resident cannot make decisions for themselves, decisions would be made by the resident's family or guardian. When asked who would make decisions for a [REDACTED] resident without family or a guardian, the SW stated, "I would think the medical field would do what's best for the patient." The SW then stated that it is important for a [REDACTED] resident to have a representative or guardian in order to make objective decisions and that if the facility was the resident's guardian, "it would be a conflict of interest."</p> <p>During an interview with the surveyor on 05/13/2022 at 10:47 AM, the Director of Nursing (DON), in the presence of the Administrator, stated that decisions for [REDACTED] residents are made by the resident's Power of Attorney, family, or representative. When asked who would make decisions for a [REDACTED] resident without family or a guardian, the DON stated decisions would be made by the physician who would weigh the risks versus benefits themselves. The DON further stated that it is important for a [REDACTED] resident to have a representative or guardian in order to represent</p>	F 550			

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F 550	<p>Continued From page 6</p> <p>the resident's choices in his/her best interest.</p> <p>During a follow-up interview with the surveyor on 05/13/2022 at 1:14 PM, the DON stated that residents or their family, representative, or guardian would sign consents for all vaccines offered. The DON further stated that if the resident was unable to sign and did not have a representative, the physician or NP would sign the consent. The DON then stated that the nurse should check the consent form prior to giving the vaccination in order to honor the resident's rights. When asked about Resident #34, the DON stated, "we should have probably contacted the Ombudsman [New Jersey Office of the Long Term Care Ombudsman (NJLTCO)] to see how they wanted to progress prior to administering the vaccines."</p> <p>During a follow-up interview with the surveyor on 05/16/2022 at 11:04 AM, when asked how the facility determined that the physician could make decisions for a [REDACTED] resident without a representative, the DON stated she reached out to the previous DONs who researched the topic and came to that conclusion. At 11:19 AM, the Regional Nurse provided the surveyor with the aforementioned research which was a study done by the American Bar Association titled, "Incapacitated and Alone: Health Care Decision-Making for the Unbefriended Elderly," and dated July 2003.</p> <p>Review of the American Bar Association study "Incapacitated and Alone: Health Care Decision-Making for the Unbefriended Elderly," dated July 2003, included, "The court may appoint a special guardian if the patient is unable to consent to medical treatment." Further review</p>	F 550			

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F 550	<p>Continued From page 7</p> <p>of the study included, "informal surrogates are not empowered legally to make decisions for nursing home residents," and, "informal surrogates will not be directly involved in the care of the residents whose interests they are representing."</p> <p>During a follow-up interview with the surveyor on 05/17/2022 at 09:36 AM, the DON stated she was unable to provide any additional information to support having the physician make decisions for residents whose [REDACTED].</p> <p>During a telephone interview with the surveyor on 05/17/2022 at 12:04 PM, the attorney for the NJLTCO stated that the physician making decisions for the resident would be a conflict of interest.</p> <p>Review of the facility's [REDACTED] Vaccination Policy, updated 02/22/2022, included, "Residents or their representatives and staff will sign the consent form prior to administration of the [REDACTED] vaccine."</p> <p>Review of the facility's Vaccine Information and Consent policy, undated, included, "Prior to the administration of each vaccine, the person receiving the immunization, or his/her legal representative will be provided with information/education of CDC's current vaccine information relative to that vaccine," and, "Individuals receiving vaccines, or their legal representative, will be required to sign a consent form prior to the administration of such vaccine(s)."</p>	F 550			
F 641 SS=D	<p>NJAC 8:39 - 4.1(a)(4)</p> <p>Accuracy of Assessments</p>	F 641			6/30/22



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F 641	<p>Continued From page 8 CFR(s): 483.20(g)</p> <p>§483.20(g) Accuracy of Assessments. The assessment must accurately reflect the resident's status. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, it was determined that the facility failed to accurately code a resident's Minimum Data Set (MDS), an assessment tool used to facilitate the management of care. This deficient practice was identified for 1 of 3 residents, (Resident #86) reviewed for accidents and was evidenced by the following:</p> <p>During an interview with the surveyor on 05/16/22 at 12:25 PM, Resident #86 stated that he/she had [REDACTED] daily since admission to the facility. The resident confirmed that he/she was an independent [REDACTED], meaning that the resident can go to the designated [REDACTED] area whenever Resident #86 desired and held his/her own [REDACTED] r.</p> <p>According to the Admission Record, Resident #86 was admitted to the facility with diagnoses that included, but were not limited to [REDACTED] and [REDACTED].</p> <p>Review of Resident #86's handwritten Care Plan under "Other Helpful Information for Care" reflected that resident was an independent smoker.</p> <p>Review of the Annual MDS with an ARD (Assessment Reference Date) of [REDACTED] indicated that the resident had a Brief Interview for Mental Status score of [REDACTED] which</p>	F 641	<p>1. The MDS assessment for resident # 86 was amended for accuracy immediately.</p> <p>2. All residents have been reviewed for MDS accuracy related to section [REDACTED] and no other resident were identified for inaccurate assessment.</p> <p>3. Prior to MDS being finalized, section [REDACTED] on all assessments will be reviewed for accuracy by the MDS coordinator, and corrections will be made if necessary. The unit managers will review all quarterly [REDACTED] assessments prior to the annual comprehensive MDS completion. The RAI specialist will provide education to the MDS coordinators regarding accuracy of MDS assessment related to section [REDACTED].</p> <p>4. . The MDS coordinator will review the quarterly and as needed [REDACTED] assessments that fall within the time frame of the annual review prior to completing section [REDACTED] to assure accuracy. The audit will be submitted to the director of nursing monthly. The unit managers will review all residents who [REDACTED] monthly for accuracy. The DON or designee will review all residents who [REDACTED] quarterly for accuracy. The Don</p>		

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F 641	<p>Continued From page 9</p> <p>indicated the resident's [REDACTED]. A review of the resident's MDS, Section [REDACTED] - Current [REDACTED] Use indicated "No" that the resident did not use [REDACTED] o.</p> <p>During an interview with the surveyor on 05/16/22 at 1:13 PM, the Licensed Practical Nurse/Unit Manager #2 (LPN/UM) stated that Resident #86 was an independent [REDACTED] and does not have to follow the designated [REDACTED] times. The LPN/UM #2 stated that Resident #86, [REDACTED] daily and holds his/her own [REDACTED].</p> <p>During an interview with the surveyor on 05/16/22 at 4:40 PM, the interim MDS Coordinator stated that the Annual MDS was inaccurately coded. The resident was a [REDACTED] and Section [REDACTED] should have been coded "Yes" for tobacco use.</p> <p>During an interview with the surveyor on 05/17/22 at 9:45 AM, the Director of Nursing stated that it is my expectation that the information in the MDS is correct, as it reflects the resident preferences and plan of care.</p> <p>According to the (Resident Assessment Instrument) RAI Manual 3.0, Version 1.17.1, dated [REDACTED], the "Steps for Assessment" for Section J [REDACTED] reflected to ask the resident if he or she used [REDACTED] in any form during the 7-day look-back period. If the resident states that he or she used [REDACTED] code Yes. If the resident was unable to answer or indicates that he or she did not use [REDACTED] of any kind during the look-back period, review the medical record and interview staff for any indication of [REDACTED] use by the resident during the look-back period.</p> <p>NJAC 8:39 - 11.1</p>	F 641	will review all audits to confirm accuracy and report findings to QA committee quarterly for 4 quarters.		

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F 689 SS=E	<p>Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2)</p> <p>§483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and</p> <p>§483.25(d)(2) Each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, it was determined that the facility failed to follow the resident's care plan to consistently assess residents to determine the level of supervision needed while [REDACTED]. This deficient practice was identified for 2 of 3 residents (Residents #88 and #90) reviewed for [REDACTED] and was evidenced by the following:</p> <p>1. On 05/05/22 at 11:49, 05/10/22 at 11:45 AM, 05/12/22 at 1:26 PM, 05/13/22 at 11:54 AM and 05/16/22 at 11:30 AM, the surveyor observed Resident #88 in the [REDACTED] area seated in a wheelchair. The [REDACTED] area was supervised by a staff member who provided Resident #88 with a [REDACTED] for the resident.</p> <p>According to the Admission Record, Resident #88 was admitted to the facility with diagnoses that included, but were not limited to, [REDACTED].</p> <p>Review of the Annual Minimum Data Set (MDS), an assessment tool utilized to facilitate the management of care, dated [REDACTED], indicated that Resident #88 had a Brief Interview for Mental</p>	F 689	<p>I. Residents #88 had a current [REDACTED] assessment done immediately, new contract completed and care plans were updated to reflect the assessment immediately. Residents #90 had a current [REDACTED] assessment done, immediately new contract completed and care plans were updated to reflect the assessment immediately. All [REDACTED] residents had new smoking assessments, new contracts and updates to their care plans to reflect [REDACTED] assessment findings. Nursing staff will continue to observe residents who [REDACTED] daily to ensure appropriate supervision and implementation of safety interventions are documented on the plans of care.</p> <p>2. All residents who [REDACTED] have the potential to be affected by the deficient practice</p> <p>3. [REDACTED] policy, contracts, forms and care plans were reviewed and revised for all smoking residents. Facility wide</p>	6/30/22	

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F 689	<p>Continued From page 11</p> <p>Status (BIMS) score of [REDACTED] which indicated the resident's [REDACTED] was [REDACTED]. The MDS further reflected under Section [REDACTED] that resident was a [REDACTED]</p> <p>Review of the Care Plan, initiated 04/18/22, revealed a focus that Resident #88 was a supervised [REDACTED] with the goal that resident will be compliant with the [REDACTED] policy over the next quarter. The Care Plan further reflected the intervention that a smoking assessment will be completed on admission, readmission, quarterly and as needed.</p> <p>During an interview with the surveyor on 05/13/22 at 11:57, the Licensed Practical Nurse (LPN) confirmed that Resident #88 was a [REDACTED] and stated that the Social Worker completed the smoking assessments.</p> <p>During an interview with the surveyor on 05/13/22 at 12:02 PM, the LPN/Unit Manager #1 (LPN/UM) stated the [REDACTED] assessments were completed by the Social Worker. When questioned, how often the [REDACTED] assessment were completed, LPN/UM #1 stated, "probably quarterly."</p> <p>During an interview with the surveyor on 05/13/22 at 12:08 PM, the Social Worker stated that she completed the [REDACTED] contracts and [REDACTED] assessments for each resident. The Social Worker stated that a resident's [REDACTED] assessments were completed when the resident was admitted to the facility and as needed. The Social Worker stated that the [REDACTED] contracts and [REDACTED] assessments were kept in her office, in the resident's hard chart or in the electronic medical record. In the surveyor's presence, the Social Worker reviewed Resident</p>	F 689	<p>in-service was done to review the revised policy, contracts, forms and care plans.</p> <p>Unit managers will complete [REDACTED] assessments on admission, readmission, quarterly and as needed.</p> <p>Social services will review [REDACTED] contract with residents annually during comprehensive care plan and as needed.</p> <p>The interdisciplinary team will review residents who smoke at the quarterly care plan meeting. The team will assure that resident's smoking assessments, [REDACTED] contract and care plans are in place.</p> <p>4. The Director of Nursing and Unit Mangers will do monthly audits of smokers to ensure compliance with facility's [REDACTED] policy and completed assessments over the next year (May 2022-May 2023). A QAPI was developed to monitor compliance of F 689. The findings will be reported by the Director of Nursing to the Quarterly Quality Assurance meetings x 4 quarters.</p>		

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F 689	<p>Continued From page 12</p> <p>#88's file stored in her office. The SW stated that the file did not contain the resident's most recent contract or [REDACTED] assessment.</p> <p>During an interview with the surveyor on 05/13/22 at 12:15 PM, the Director of Nursing (DON) stated that the Social Worker was responsible to complete the resident's [REDACTED] contract and [REDACTED] assessments. The [REDACTED] contract ensured that the resident understood the smoking rules and that the facility's [REDACTED] policy was followed. The DON further stated that the Social Worker completed the [REDACTED] assessments quarterly and as needed. The [REDACTED] assessments determined if a resident was an independent or supervised smoker.</p> <p>During a follow-up interview with the surveyor on 05/13/22 at 1:08 PM, in the presence of the DON and the Regional Nurse, the Social Worker reviewed with the surveyor the undated "Acknowledgment of Supervise [REDACTED] Rules" signed by Resident #88 and the undated Smoking Assessment signed by Resident #88 with a handwritten notation of [REDACTED] in the upper right-hand corner. The Social Worker stated that the [REDACTED] Assessment was completed in [REDACTED] but could not tell the surveyor the exact date in [REDACTED] when the assessment was completed. The surveyor asked the Social Worker if these were the only two assessments completed since 2020, when resident was transferred to a different unit, and the Social Worker replied, "It appears so."</p> <p>2. On 05/16/22 at 11:30 AM, the surveyor observed Resident #90 in the [REDACTED] area seated in a wheelchair. The [REDACTED] area was supervised by a staff member who provided</p>	F 689			

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F 689	<p>Continued From page 13</p> <p>Resident #90 with a [REDACTED] and lit the [REDACTED] for the resident.</p> <p>According to the Admission Record, Resident #90 was admitted to the facility with diagnoses that included, but were not limited to, [REDACTED].</p> <p>Review of the Annual MDS, dated [REDACTED], indicated that Resident #90 had a BIMS score of [REDACTED], which indicated the resident's [REDACTED] was [REDACTED]. The MDS further reflected under Section [REDACTED] that resident was a [REDACTED].</p> <p>Review of the ongoing Care Plan revealed a focus that Resident #90 was a [REDACTED] with the goal that resident will be compliant with the [REDACTED] policy. The Care Plan further reflected the intervention that a [REDACTED] assessment will be completed on admission, readmission, quarterly and as needed.</p> <p>On 05/16/22 at 11:19 AM, the Social Worker provided the surveyor with a copy of the undated "Acknowledgement of Supervise [REDACTED] Rules." The Social Worker stated that Resident #90 was moved onto the "clean unit" during [REDACTED], liked the unit and wanted to remain on the unit. The Social Worker further provided a [REDACTED] Assessment dated [REDACTED] which reflected that resident required supervised [REDACTED]. The Social Worker confirmed there were no other assessments completed for Resident #90 prior to surveyor inquiry on [REDACTED].</p> <p>During a follow up interview with the surveyor on 05/17/22 at 9:45 AM, the DON stated that her expectation was that the residents' [REDACTED] contracts and assessments are completed in their entirety and moving forward they will be</p>	F 689			

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F 689	Continued From page 14 completed by nursing quarterly to keep each resident safe.	F 689			
F 745 SS=E	<p>Review of the facility's undated [REDACTED] Policy reflected that the facility will establish and maintain safe resident [REDACTED] practices.</p> <p>NJAC 8:39-27.1(a) Provision of Medically Related Social Service CFR(s): 483.40(d)</p> <p>§483.40(d) The facility must provide medically-related social services to attain or maintain the highest practicable physical, mental and psychosocial well-being of each resident. This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview, record review, and review of other facility documents, it was determined that facility failed to provide social services for a resident with [REDACTED] t. This deficient practice was identified for 1 of 8 vulnerable residents (Resident #34) reviewed and was evidenced by the following:</p> <p>On 05/12/2022 at 12:52 PM, the surveyor observed Resident #34 sitting in a reclining chair. The surveyor greeted the resident, but he/she did not verbally respond. The resident lifted his/her [REDACTED] and shook his/her head at the surveyor.</p> <p>According to Admission Record, Resident #34 had diagnoses that included, but were not limited to, [REDACTED]. Further review of the Admission Record revealed under "Contacts" that there were no known contacts.</p>	F 745	<p>1. The facility has applied for Guardianship for resident #34.</p> <p>2. This practice has the potential to affect all [REDACTED] residents</p> <p>3. The Social worker was in-serviced on F 745 and will make sure that every resident has a point of contact for medical consents and treatments in order to maintain the highest practicable physical, mental and psychosocial wellbeing of each resident.</p> <p>4. Point of contacts will be monitored by the Unit Manager quarterly during quarterly care conferences and for all new admissions. Any identified issues will be brought to the administrator and Social Workers attention. The Social Worker will report findings to the quarterly QA</p>	6/30/22	

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F 745	<p>Continued From page 15</p> <p>Review of the resident's Quarterly Minimum Data Set (MDS), an assessment tool used to facilitate the management of care, dated [REDACTED], included, "Should Brief Interview for Mental Status [BIMS] be Conducted?" with a response of, "No (resident is rarely/never understood)." The MDS further revealed the resident's skills for daily decision making was, [REDACTED]</p> <p>Review of the resident's Social History &amp; Assessment, dated [REDACTED], included, "[Resident] is [REDACTED] and, "According to records there is no known family."</p> <p>Review of the Care Area Assessment (CAA) Summary, dated [REDACTED], revealed a CAA of, "Cognitive Loss," with a summary of, "Triggers R/T [related to] BIMS score of [REDACTED] [a BIMS score of [REDACTED] indicates the resident's [REDACTED] and inattention. [Resident] is oriented to [REDACTED] and [REDACTED]. [He/She] continues with [REDACTED] to time." Further review of the CAA Summary included a CAA of, "Communication," with a summary of, "Triggers R/T difficulty expressing ideas and wants. [Resident's] speech is [REDACTED] and [REDACTED], [he/she] is usually able to make needs known. [Resident] does better with simple, yes/no questions."</p> <p>Review of the resident's undated Care Plan included a focus that, "[Resident] has decreased cognition," with an intervention for, "Social services to provide support." Further review of the Care Plan revealed a focus that, "[Resident] has [REDACTED] and [REDACTED] with an intervention that, "[Resident] needs assistance with all decision making."</p>	F 745	<p>committee for 4 quarters.</p>		



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F 745	<p>Continued From page 16</p> <p>Review of the resident's [REDACTED] consult, dated [REDACTED], included, "PT [patient] is poor historian, most information obtained from medical record and staff report," and, "[he/she] only answers yes/no questions."</p> <p>During an interview with the surveyor on 05/12/2022 at 12:55 PM, the Certified Nursing Assistant (CNA) stated Resident #34 was [REDACTED] and [REDACTED] only. She further stated that the resident communicates by [REDACTED] and is not able to make needs known.</p> <p>During an interview with the surveyor on 05/12/2022 at 12:57 PM, Licensed Practical Nurse/Unit Manager (LPN/UM) #2 stated Resident #34 was [REDACTED], and [REDACTED] to [REDACTED] only. LPN/UM #2 further stated that the resident uses [REDACTED] communication and staff ask the resident yes or no questions.</p> <p>During an interview with the surveyor on 05/13/2022 at 10:35 AM, the Social Worker (SW) stated a BIMS assessment tests the resident's cognition and a score of [REDACTED] indicates the resident's [REDACTED]. The SW further stated that if a resident had a decline in [REDACTED], the SW would speak with the resident, discuss the decline with the nurse, and consider consulting [REDACTED]. The SW also stated that if a resident cannot make decisions for themselves, decisions would be made by the resident's family or guardian. When asked how the SW would get a resident a guardian if the resident had no family or representative, the SW stated she could not explain the process and that she would have to ask the administrator. The SW then stated she could reach out to the</p>	F 745			

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F 745	<p>Continued From page 17</p> <p>facility's corporate office or the New Jersey Office of the Long Term Care Ombudsman (NJLTCO). The SW further stated that it is important for a [REDACTED] resident to have a representative or guardian in order to make objective decisions and that if the facility was the resident's guardian, "it would be a conflict of interest." When asked what should have happened when Resident #34's [REDACTED] declined, the SW stated the facility should have gotten the resident a [REDACTED] evaluation and applied for a guardian.</p> <p>During an interview with the surveyor on 05/13/2022 at 10:47 AM, the Director of Nursing (DON), in the presence of the Administrator, stated that if a resident had a decline in cognition, the facility would re-evaluate the BIMS score and discuss the change with the physician. The DON further stated that if a resident cannot make decisions for themselves and the resident didn't have family or a guardian, decisions would be made by the physician who would weigh the risks versus benefits themselves. The DON also stated that if a resident needed a guardian, the facility's corporate office would initiate the process and that the DON could reach out to the NJLTCO for further guidance. The DON further stated that it is important for a [REDACTED] resident to have a representative or guardian in order to represent the resident's choices in his/her best interest. When asked what should have happened when Resident #34's cognition declined, the DON stated the facility should have reached out to the physician for advice and also contacted the NJLTCO for guidance.</p> <p>During a follow-up interview with the surveyor on</p>	F 745			

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F 745	<p>Continued From page 18</p> <p>05/16/2022 at 11:04 AM, when asked how the facility determined that the physician could make decisions for a [REDACTED] resident without a representative, the DON stated she reached out to previous DONs who researched the topic and came to that conclusion. At 11:19 AM, the Regional Nurse provided the surveyor with the aforementioned research which was a study done by the American Bar Association titled, "Incapacitated and Alone: Health Care Decision-Making for the Unbefriended Elderly," and dated July 2003.</p> <p>Review of the American Bar Association study "Incapacitated and Alone: Health Care Decision-Making for the Unbefriended Elderly," dated July 2003, included, "The court may appoint a special guardian if the patient is unable to consent to medical treatment." Further review of the study included, "informal surrogates are not empowered legally to make decisions for nursing home residents," and, "informal surrogates will not be directly involved in the care of the residents whose interests they are representing."</p> <p>During a follow-up interview with the surveyor on 05/17/2022 at 09:36 AM, the DON stated she was unable to provide any additional information to support having the physician make decisions for residents whose [REDACTED].</p> <p>During a telephone interview with the surveyor on 05/17/2022 at 12:04 PM, the attorney for the NJLTCO stated that the facility should have petitioned for a guardian and that the physician making decisions for the resident would be a conflict of interest.</p> <p>Review of the facility's BIMS policy, undated,</p>	F 745			

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F 745	Continued From page 19 included, "The objective of this interview is not to diagnose, but to assist with recognizing a resident's possible need for further evaluation."  Review of the facility's job description of a SW, undated, included, "The primary purpose of your job position is to plan, organize, develop, and direct the overall operation of the Social Services Department in accordance with current federal, state, and local standards, guidelines and regulation, our established policies and procedures, and as may be directed by the Administrator, to assure that medically related emotional and social needs of the resident are met/maintained on an individual basis." The job description further included, "Refer resident/families to appropriate social service agencies when the facility does not provide the services."	F 745			
F 755 SS=E	NJAC 8:39 - 39.4 (f)(i) 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.	F 755		6/30/22	

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NAME OF PROVIDER OR SUPPLIER  <b>CARNEYS POINT REHABILITATION AND NURSING CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>201 FIFTH AVENUE CARNEYS POINT, NJ 08069</b>		
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F 755	<p>Continued From page 20</p> <p>§483.45(b) Service Consultation. The facility must employ or obtain the services of a licensed pharmacist who-</p> <p>§483.45(b)(1) Provides consultation on all aspects of the provision of pharmacy services in the facility.</p> <p>§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</p> <p>§483.45(b)(3) Determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and review of other facility documentation, it was determined that the facility failed to a). detect and remove expired medication in 1 of 1 medication storage areas, located in the [REDACTED] Nursing Unit, reviewed during the medication storage and labeling task and b). ensure accurate completion of a Drug Enforcement Agency (DEA) Form-222 (a federal narcotic requisition form), to enable accurate reconciliation of controlled-dangerous substances (medications, that due to their high potential for abuse, are tracked with detail) for 2 of 3 forms reviewed during the medication storage and labeling task.</p> <p>This deficient practice was evidenced by the following:</p> <p>1. On 05/13/22 at approximately 10:35 AM, the surveyor found the following expired items in the</p>	F 755	<p>1. No residents were affected by the DEA 222 form incompleteness and all narcotics were accounted for. The form was completed immediately.</p> <p>No residents were affected by the expired medications and the expired medications were removed immediately for the stock medication cabinet and disposed of.</p> <p>2. No residents have the potential to be affected by the incomplete DEA 222 form</p> <p>All residents have the potential to be affected by the expired medications identified in the stock cabinet.</p> <p>3. When faxing 222 forms to pharmacy they will review form and notify DON of any incomplete data. Pharmacy will pick up and will deliver control narcotics to</p>		

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F 755	<p>Continued From page 21</p> <p>medication storage area, in the presence of the Registered Nurse/Unit Manager (RN/UM): three bottles of [REDACTED] milligrams (mg) with each bottle containing 60 tablets and an expiration date of 07/20 and one box of [REDACTED] mg capsules with the box containing 42 capsules and an expiration date of [REDACTED].</p> <p>During an interview with the surveyor at this time, the RN/UM acknowledged the presence of the expired medication in the storage area. The RN/UM stated she thinks the Director of Nursing (DON) checks the items in the storage area for supply and expiration dates but cannot recall the frequency with which this task is performed. The DON further stated that expired medications are sometimes received in delivery but, if this was the case, the expiration dates should have been detected by staff and the items should have been returned.</p> <p>During an interview with the surveyor on 05/13/22 at 11:00 AM with the Administrator present, the DON stated there was a unit clerk responsible for receiving, checking, and storing medication for stock supply in the referenced storage area. The DON stated that the unit clerk audits such medications, approximately every other month. The DON was not able to provide any further detail regarding the expired medications found by the surveyor but acknowledged that their presence in stock would be of concern.</p> <p>During an interview with the surveyor and survey team on 05/17/22 at 9:44 AM with facility administrative staff present, the DON reiterated an uncertainty as to the reason for the presence of expired medication in storage. The DON stated that the items may have been sent to the facility</p>	F 755	<p>supervisor. The DON will receive training regarding completing the DEA 222 completely.</p> <p>All nurses were reeducated regarding facility protocol for expired medications.</p> <p>The 3-11 supervisor and unit managers will monitor the stock medication cabinet daily for expired medications when distributing to nursing, and weekly audit will be conducted of the entire cabinet by 3-11 supervisor. The pharmacy consultant will continue to monitor the stock medication cabinet monthly for expired medications.</p> <p>4. Delivery slips for DEA 222 forms will be reviewed by pharmacy consultant monthly X12 months for accuracy and completion. The pharmacy consultant reports findings to the QA committee quarterly x 4 quarters.</p> <p>The 3-11 supervisor and unit manager weekly audit will be documented and reviewed by the DON monthly to assure compliance. The DON will report the audit results to the QA committee quarterly x 4 quarters.</p>		

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F 755	<p>Continued From page 22</p> <p>expired, but they should have been detected and sent back to the supplier.</p> <p>A review of the facility's policy titled, "Storage of Medications" revealed no initiation or revision date. According to the policy, the facility shall not use outdated drugs or biologicals.</p> <p>2. On 05/13/22 at 12:45 PM a review of the facility's DEA Form-222 revealed the facility did not complete the "number of packages received" and the "date the medication was received" in Part 5, as instructed on the face of DEA Form-222, within each section. The inaccuracies were as follows:</p> <p>Order Form Number: 200211299, dated 10/06/21 did not include the number received or the date received for Items 1 and 2.</p> <p>Order Form Number: 200211301, dated 10/15/21 did not include the number received or the date received for Items 1, 2, 3, and 4.</p> <p>During an interview with the surveyor and team on 05/13/22 at 1:30 PM, the Director of Nursing (DON) acknowledged that the referenced DEA Form-222 documents were incomplete, specifically as related to the number of items subsequently received upon delivery and the date on which the items were received. The DON confirmed and clarified that the dates on the referenced forms were 10/06/21 and 10/15/21.</p> <p>During an additional interview with the surveyor and team on 05/17/21 at 9:44 AM, the DON reconfirmed that the DEA-222 Form, dated 10/06/21, should have been completed with respect to the number of items received and the</p>	F 755			

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F 755	Continued From page 23 date received, despite being referenced elsewhere, such as tracking forms and delivery manifests.  Review of the facility's policy titled, "Controlled Substances" revealed the policy was reviewed and updated in August 2021. It indicated that it was necessary for the facility to comply with all laws, regulations, and other requirements related to the handling, storage, disposal, and documentation of controlled substances.  NJAC 8:39-29.4(c); 29.7	F 755			
F 759 SS=D	Free of Medication Error Rts 5 Prcnt or More CFR(s): 483.45(f)(1)  §483.45(f) Medication Errors. The facility must ensure that its-  §483.45(f)(1) Medication error rates are not 5 percent or greater; This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review, and review of other facility documentation, it was determined that the facility failed to administer medications and maintain a medication error rate of less than 5%. This deficient practice was identified for 2 of 3 nurses who were observed for the medication pass task. There was a total of 27 medication opportunities, administered to five residents, on one of three units [REDACTED] Nursing Unit) during the medication pass. There were two errors observed (Resident #3 and Resident #82), which resulted in a medication error rate of 7%.  This deficient practice was evidenced by the following:	F 759	1. Resident #82 had no negative outcomes and receives appropriate medication per MD orders. The nurse involved in making the error was counseled and MD made aware of the error. The nurse will be monitored through med pass by the consulting pharmacy. Resident #3 had no negative outcomes and receives appropriate medications per MD orders. The nurse involved in making the error was counseled and MD made aware of the error. A new order was obtained to stop the [REDACTED] and start Ativan, a crushable medication, to prevent	6/30/22	



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F 759	<p>Continued From page 24</p> <p>1. On 05/06/22 at 9:05 AM, the surveyor observed the Licensed Practical Nurse/Unit Manager (LPN/UM) administer medication to Resident #82. The surveyor observed the LPN/UM administered [REDACTED] Drops to the resident and indicated to him/her that he was administering [REDACTED]. [REDACTED] are used to treat [REDACTED] or [REDACTED] of the [REDACTED], that may be associated with various conditions of the [REDACTED].</p> <p>During an interview with the surveyor at the conclusion of the observation, the LPN/UM confirmed to the surveyor that he administered one drop of the [REDACTED] to each [REDACTED] of Resident #82.</p> <p>Review of the Physician Order Form (POF) for Resident #82 revealed an order for [REDACTED], instill [REDACTED] in both [REDACTED] three times per day for allergies.</p> <p>Review of the Medication Administration Record (MAR, a recording document) revealed an order for [REDACTED], instill two drops in both [REDACTED] per day for [REDACTED]</p> <p>During an interview with the surveyor on 05/13/22 at 10:20 AM, the LPN-UM acknowledged the medication error with respect to the [REDACTED] for Resident #82, indicating that two drops should have been instilled into each [REDACTED], rather that one drop to each [REDACTED] as observed by the surveyor.</p> <p>2. On 05/16/22 at 1:02 PM, the surveyor observed the Licensed Practical Nurse (LPN) administer medication to Resident #3. This included an order for [REDACTED] Tablet</p>	F 759	<p>further error. The nurse will be monitored through med pass by the consulting pharmacy.</p> <p>2. All resident have the potential to be affected. Consultant pharmacist to provide education and med pass with all working license nurses in facility before completion date.</p> <p>3. All licensed nurses educated on medication administration policy and procedure All licensed nurses educated on the 6 rights of drug administration All licensed nurses educated on following physician orders when administering medications All licensed nurses educated on following manufactures recommendations when administering medications All licensed nurses educated on the administration of artificial tears All licensed nurses educated on the administration of clonazepam via peg tube All licensed nurses educated on medication administration All licensed nurses educated on prevention of medication error All licensed nurses will have observed med pass administration by unit managers and or pharmacy consultant</p> <p>4. The DON or designees will conduct random medication administration audits for 4 nurses weekly x 4 weeks, then 6 nurses monthly for two consecutive quarters, then one nurse monthly on <input type="checkbox"/>going to ensure compliance with facility guidelines. The results of these audits will be brought by the DON to the quarterly QA committee and will be reviewed by the</p>		

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F 759	<p>Continued From page 25</p> <p>_____ milligram (mg) (a medication which can be used to treat _____. The surveyor observed the LPN remove one dose of _____ mg tablet from the resident's medication supply, which contained a sticker indicating, "Swallow Whole With A Drink Of Water" on it. The LPN then crushed the tablet, placed it into a medication cup, and proceeded towards the resident, also with a _____ (a compilation of instruments used to administer medication through a _____, which may be present when a person cannot take medication by mouth due to various conditions).</p> <p>The surveyor asked the LPN to return to the medication cart at that time. During an interview with the surveyor, the LPN described the process by which medication was administered to Resident #3 via the _____. The LPN stated that one listens to the area on the _____ placement with a _____, in order to ensure the _____ is properly placed, _____ are injected into the _____ with a _____ from the kit before the medication, the _____ is then mixed with _____ ml of water and injected with the same syringe, and then an additional _____ ml of _____ are injected into the _____ at the conclusion of the medication pass.</p> <p>The LPN acknowledged there was a label on the medication supply, indicating for the medication to be swallowed whole with water but that there was an order by the physician to give it through the _____. In addition, the LPN acknowledged there was a difference in dosage form between the medication referenced on the order as disintegrating (something which readily breaks up) as compared to the medication in supply, a form that is not disintegrating.</p>	F 759	<p>quarterly QA committee until such time consistent substantial compliance has been achieved as determined the quarterly committee.</p>		

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F 759	<p>Continued From page 26</p> <p>The LPN further stated that Resident #3 took orally disintegrating [REDACTED] in the past and did not know why the pharmacy sent the non-disintegrating supply. In addition, the LPN acknowledged that the administration of the medication and its form should have been further clarified through a consult with the physician and acknowledged that this did not occur in this case.</p> <p>Review of the POF for Resident #3 revealed an order for [REDACTED] Tablet [REDACTED] mg, give one tablet [REDACTED] three times a day for [REDACTED].</p> <p>Review of the MAR for Resident #3 revealed an order for [REDACTED] Tablet [REDACTED] mg, give one tablet via [REDACTED] e three times a day for [REDACTED].</p> <p>During an interview with the surveyor and survey team on 05/17/22 at 9:44 AM, the Director of Nursing (DON) acknowledged the error associated with the different dosage forms of [REDACTED] mg tablet for Resident #3. The DON further stated that the resident was originally on an order for the disintegrating dosage form and the order was accidentally changed to the regular (non-disintegrating) form by the physician. The DON stated that the difference in dosage forms should have been detected, but this did not happen.</p> <p>Review of the facility's policy, Administering Medications, last updated in [REDACTED], revealed that medication must be administered in accordance with orders.</p> <p>Review of the facility's undated document, "6</p>	F 759			

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F 759	Continued From page 27 Rights of Drug Administration" revealed a need to administer the right dose of the medication, specifically referencing the right dosage form.	F 759			
F 760 SS=E	NJAC 8:39 - 29.2(d) Residents are Free of Significant Med Errors CFR(s): 483.45(f)(2)  The facility must ensure that its- §483.45(f)(2) Residents are free of any significant medication errors. This REQUIREMENT is not met as evidenced by: Based on interview, record review, and review of other facility documentation, it was determined that the facility failed to accurately transcribe and ensure that a resident received [REDACTED] medication in accordance with the [REDACTED] recommendation and physician's order. The deficient practice was identified for 1 of 5 residents (Resident #83) reviewed for psychotropic medications and was evidenced by the following:  According to the Admission Record, Resident #83 was admitted with diagnoses that included, but were not limited to, [REDACTED] [REDACTED]  Review of the Progress Notes (PN) revealed that Resident #33 had a telehealth [REDACTED] consult ( [REDACTED] consult) on [REDACTED] and a recommendation to start [REDACTED] (a [REDACTED] medication used to treat [REDACTED] [REDACTED] milligrams (mg) in the AM was noted. The PN further revealed that the NP [nurse practitioner] was aware and in agreement.	F 760	1.The medication clarification for resident #33 was identified in [REDACTED], the medication error report had been completed with MD was made aware on [REDACTED]. The [REDACTED] order was clarified with the MD and a time change order was obtained to separate doses with no negative outcomes identified. 2. All residents receiving medications have the potential to be affected by this practice. Pharmacy consultant will audit medication orders for accuracy now and any identified issues were addressed.  3. Nurses were in-serviced on preventing medication errors and proper transcription of medication orders. Pharmacy consultant will review of medication orders monthly. Unit Managers will review all new orders in morning clinical meeting Monday - Friday and address any issues identified.  4. The Unit mangers daily review of new orders will be reported to the DON	6/30/22	

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F 760	<p>Continued From page 28</p> <p>Review of the [REDACTED] consult included a recommendation for [REDACTED] mg in the AM and [REDACTED] mg at HS [hour of sleep].</p> <p>Review of the Order Summary Report (OSR) for active orders as of [REDACTED] revealed a [REDACTED] physician order (order) for [REDACTED] mg one time a day for [REDACTED] n. The OSR revealed a second order, dated [REDACTED], for [REDACTED] mg and to administer a half tablet ([REDACTED] mg) one time a day for [REDACTED].</p> <p>Review of the [REDACTED] and [REDACTED] Medication Administration Records (MAR) revealed the aforementioned orders reflected that both orders had a scheduled administration time of 9:00 AM. Further review of the MARs revealed that Resident #83 received both [REDACTED] mg and [REDACTED] mg tablets for a total of [REDACTED] mg on the following dates during the 9:00 AM medication administration:</p> <p>05/15/20, 05/16/20, 05/17/20, 05/18/20, 05/19/20, 05/20/20, 05/21/20, 05/22/20, 05/23/20, 05/24/20, 05/25/20, 05/26/20, 05/27/20, 05/28/20, 05/29/20, 05/30/20, 05/31/20, 06/01/20, 06/02/20, 06/03/20, 06/04/20, 06/05/20, 06/06/20, 06/07/20, 06/08/20, 06/09/20, 06/10/20, 06/11/20, 06/12/20, 06/13/20, 06/14/20 and 06/15/20.</p> <p>During an interview with the surveyor on 05/12/22 at 10:26 AM, the Licensed Practical Nurse/Unit Manager #1 (LPN/UM) stated that the nurse should review the [REDACTED] recommendations with the resident's physician and note any new orders. LPN/UM #1 further stated that the nurse would then discontinue the old order prior to entering the new order into the Electronic Medical Record</p>	F 760	<p>Monday - Friday over the next year (May 2022- May 2023). The results of the review will be reported by the DON to the QA committee quarterly for 4 quarters.</p>		

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NAME OF PROVIDER OR SUPPLIER  <b>CARNEYS POINT REHABILITATION AND NURSING CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>201 FIFTH AVENUE CARNEYS POINT, NJ 08069</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 760	<p>Continued From page 29 (EMR.)</p> <p>During an interview with the surveyor on 05/12/22 at 01:03 PM, the Registered Nurse/Unit Manager (RN/UM) stated she would review the recommendation with the resident's physician or NP and note any new orders. The RN/UM added that the old order would then be discontinued prior to entering the new order in the EMR. The RN/UM stated that if she was not sure of the correct medication dosage, she would call the physician to clarify the order. The RN/UM further stated that if there were two orders for the same medication; the order would include the total dosage amount that should be administered at that time.</p> <p>During an interview with the surveyor on 05/17/22 at 09:36 AM, the Director of Nursing (DON) stated that she was notified of the medication error during the monthly psych evaluation. The DON further stated the resident was to receive [REDACTED] mg of [REDACTED] daily and that the total dose was administered during the AM medication administration. The DON added that Resident #83 was supposed to receive [REDACTED] mg in the AM and [REDACTED] mg in the PM.</p> <p>Review of the facility's "Medication and Treatment Order" policy, reviewed and updated in March 2019, indicated that orders for medications and treatments would be consistent with principles of safe and effective order writing.</p> <p>NJAC 8:39-27.1(a), 29.2(d)</p>	F 760			