

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 65a002	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/13/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER THE RESIDENCE AT STAFFORD	STREET ADDRESS, CITY, STATE, ZIP CODE 1275 ROUTE 72 MANAHAWKIN, NJ 08050
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	<p>Initial Comments</p> <p>Initial Comments: TYPE OF SURVEY: Complaint</p> <p>COMPLAINT #: NJ00150167</p> <p>CENSUS: 75</p> <p>SAMPLE SIZE: 16</p> <p>The facility is not in substantial compliance with all of the standards in the New Jersey Administrative Code 8:36, Standards for Licensure of Assisted Living Residences, Comprehensive Personal Care Homes and Assisted Living Programs. The facility must submit a plan of correction, including a completion date for each deficiency and ensure that the plan is implemented. Failure to correct deficiencies may result in enforcement action in accordance with provisions of New Jersey Administrative Code Title 8, Chapter 43E, Enforcement of Licensure Regulations.</p>	A 000		
A 511	<p>8:36-5.5(a) General Requirements</p> <p>(a) The facility or program shall develop and implement written job descriptions to ensure that all personnel are assigned duties based upon their education, training, and competencies and in accordance with their job descriptions.</p> <p>This REQUIREMENT is not met as evidenced by: Complaint #: NJ00150167</p> <p>Based on interview and record review it was determined that the former Executive Director</p>	A 511		

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

TITLE

(X6) DATE

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 65a002	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/13/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER THE RESIDENCE AT STAFFORD	STREET ADDRESS, CITY, STATE, ZIP CODE 1275 ROUTE 72 MANAHAWKIN, NJ 08050
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 511	<p>Continued From page 1</p> <p>(ED) of the facility administered medications to 15 of 37 residents reviewed for medication administration, Resident #'s 1, 2, 3, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, which was outside of the job description for which the ED was trained. This deficient practice was evidenced by the following:</p> <p>On 1/12/22 and 1/13/22 the surveyor reviewed the Electronic Medication Administration Record (EMAR) of the residents reviewed for medication administration and identified that the former ED initialed the EMARs of Resident #'s 1, 2, 3, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, and 16 to indicate that she administered medications on [redacted NJ Ex Order 26.4b1]. Additionally, the former ED's initials, full name, and title were identified on the "Caregiver Key," (the section of the EMAR where staff's initials are matched with their first and last name, as well as their title).</p> <p>On 1/12/22 at 11:00 a.m., the surveyor reviewed the former ED's personnel file and observed that she was hired on [redacted NJ Ex Order 26.4b1] as the ED of the facility. The surveyor reviewed the job description in the ED's personnel file dated on [redacted NJ Ex Order 26.4b1] which included that the former ED was "...responsible for the efficient operations and the overall management and direction of the day to day functions of the residence in accordance with federal, state and local standards, guidelines and regulations..." Additionally, the surveyor reviewed the former ED's orientation and training's from [redacted NJ Ex Order 26.4b1] and observed that there were no training's, competencies, certifications, or licenses which pertained to the administration of medication.</p> <p>On 1/12/22 at 1:45 p.m., the surveyor interviewed the Regional Director of Operations (RDO) and</p>	A 511		

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 65a002	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/13/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER THE RESIDENCE AT STAFFORD	STREET ADDRESS, CITY, STATE, ZIP CODE 1275 ROUTE 72 MANAHAWKIN, NJ 08050
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 511	<p>Continued From page 2</p> <p>inquired if the former ED had any qualifications to administer medications. The RDO stated that the former ED held a Certified Assistant Living Administrator (CALA) certification, and was not licensed, certified or received any training that qualified her to administer medications.</p> <p>On 1/12/22 at 2:00 p.m., the surveyor reviewed the facility policy and procedure titled, "Staff Training" and observed under the policy section the following, "All staff who will be performing health related tasks shall receive training and supervision from the RN/Nurse following established procedures ... Procedure 1. Medication Assistance Training. Staff members who assist with medications must be trained by the RN/Nurse/MT on medication assistance procedures, with the RN/Nurse delegating the responsibility for the administration of medications to designated staff members."</p> <p>Refer to: A-0935 8:36-11.4(b)</p>	A 511		
A 563	<p>8:36-5.10(a)(2) General Requirements</p> <p>(a) The facility shall notify the Division of Health Facility Survey and Field Operations immediately by telephone at (609) 633-9034 (609) 392-2020 if after business hours, followed within 72 hours by written confirmation, of the following:</p> <p>2. Any major occurrence or incident of an unusual nature, including, but not limited to, all fires, disasters, any elopements; and all deaths resulting from accidents or incidents in the facility or related to facility services. Reports of such incidents shall contain information about injuries to residents and/or personnel, disruption of services, and</p>	A 563		

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 65a002	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/13/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER THE RESIDENCE AT STAFFORD	STREET ADDRESS, CITY, STATE, ZIP CODE 1275 ROUTE 72 MANAHAWKIN, NJ 08050
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 563	<p>Continued From page 3</p> <p>extent of damages;</p> <p>This REQUIREMENT is not met as evidenced by: Complaint #: NJ 00150167</p> <p>Based on interview and record review it was determined that the facility failed to notify the Department of Health (DOH) when the facility's former Executive Director (ED), who was not qualified to administer medications, administered medications to residents, additionally, the facility failed to develop and implement a policy and procedure to address reportable events to outside agencies. This deficient practice was observed for 15 of 37 residents reviewed for medication administration, Resident #'s 1, 2, 3, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, and was evidenced by the following:</p> <p>On 1/13/22 at 9:50 a.m., the surveyor interviewed the current ED, the Director of Nursing (DON) and the Regional Director of Operations (RDO) regarding the former ED having administered medications to 15 residents on the NJ Ex Order 26.4(b) floor on NJ Ex Order 26.4(b). During the interview the RDO confirmed that the former ED initialed the MARs to document administration of medications to residents on NJ Ex Order 26.4(b) during the 2 p.m. to 10 p.m. shift.</p>	A 563		

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 65a002	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/13/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER THE RESIDENCE AT STAFFORD	STREET ADDRESS, CITY, STATE, ZIP CODE 1275 ROUTE 72 MANAHAWKIN, NJ 08050
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 563	<p>Continued From page 4</p> <p>At 10:30 a.m., Surveyor #1, Surveyor #2 and Surveyor #3 reviewed Resident #'s 1, 2, 3, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, and 16 Electronic Medication Administration Records (EMARs) from [redacted] through [redacted], and [redacted]. The surveyors observed that the EMARs dated [redacted] were initialed as administered by the former ED for the 2 p.m. to 10 p.m. shift.</p> <p>On 1/13/22 at 12 p.m., the surveyor interviewed via telephone, the staff member that was identified as an unlicensed staff member [Graduate Practical Nurse] on [redacted], regarding the [redacted] medication administration. The Licensed Practical Nurse (LPN) stated that he received his license on [redacted], after the medication administration that was completed on [redacted]. The LPN explained that the former ED asked him to administer medications on [redacted] on the 2 - 10 p.m. shift because there was no Nurse on the [redacted] floor. The LPN stated that he only agreed to push the medication cart and to read off the medications from the EMAR. He stated that the former ED administered the medications to the residents and initialed the EMAR.</p> <p>At 1:20 p.m., the surveyor interviewed the former ED via telephone regarding her having administered medications on [redacted] during the 2-10 p.m. shift without the necessary qualifications. The former ED denied administering medications to the residents but confirmed that she provided her log-in information and "watched" the unlicensed staff/Graduate Practical Nurse who is also referred to as the LPN above, administer the medications. During the interview, the former ED confirmed that as a Certified Assistant Living Administrator she was not allowed to administer or supervise medication administration.</p>	A 563		

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 65a002	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/13/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER THE RESIDENCE AT STAFFORD	STREET ADDRESS, CITY, STATE, ZIP CODE 1275 ROUTE 72 MANAHAWKIN, NJ 08050
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 563	<p>Continued From page 5</p> <p>At 1:35 p.m., the surveyor reviewed an undated facility policy and procedure titled, "Incident Reporting and Recording" and observed that the policy did not include procedure(s) to address reporting incidents to outside agencies, such as the DOH.</p> <p>At 1:45 p.m., the surveyor interviewed the current ED and inquired if the above incident of the former ED having administered medications without being qualified was reported to the DOH. The current ED confirmed that the NU Ex Order incident was not reported to the DOH. The RDO then confirmed that the Incident Reporting and Recording policy provided to the surveyor was only for internal reporting and did not include reporting to outside agencies.</p> <p>Refer to 8:36-11.4(b)</p>	A 563		
A 935	<p>8:36-11.4(b) Pharmaceutical Services</p> <p>(b) All medications shall be administered by qualified personnel in accordance with prescriber orders, facility or program policy, manufacturer's requirements, cautionary or accessory warnings, and all Federal and State laws and regulations.</p> <p>This REQUIREMENT is not met as evidenced by:</p>	A 935		

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 65a002	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/13/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER THE RESIDENCE AT STAFFORD	STREET ADDRESS, CITY, STATE, ZIP CODE 1275 ROUTE 72 MANAHAWKIN, NJ 08050
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 935	<p>Continued From page 6</p> <p>Complaint #: NJ00150167</p> <p>Based on interview and record review it was determined that the former Executive Director (ED) of the facility administered Physician prescribed medications, despite not having a license, a certification, training or any qualifications to 15 of 37 residents reviewed for medication administration, Resident #'s 1, 2, 3, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, and 16. This deficient practice was evidenced by the following:</p> <p>On 1/12/22 and 1/13/22 at 10:30 a.m., Surveyor #1 and Surveyor #2 reviewed the Electronic Medication Administration Record (EMAR) of Resident #'s 1, 2, 3, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, and 16 for medication administration for the months of [redacted] through [redacted] and observed that the former ED initialed the EMARs of the above mentioned residents to indicate that she administered medication on [redacted] during the 2-10 p.m. shift. The surveyor observed that the former ED's initials, full name, and title were documented on the, "Caregiver Key," (a section on the EMAR where staff initials are matched with their first and last name, as well as their title).</p> <p>The surveyors observed on the EMARs that on [redacted] during the 2-10 p.m. shift the former ED initialed that she administered medications and treatments as follows:</p> <p>1. Resident #1 was administered at 7:00 p.m., [redacted] NJ Ex Order 26.4(b)(1) [redacted], [redacted] NJ Ex Order 26.4(b)(1) [redacted], [redacted] NJ Ex Order 26.4(b)(1) [redacted], and [redacted] NJ Ex Order 26.4(b)(1) [redacted].</p>	A 935		

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 65a002	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/13/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER THE RESIDENCE AT STAFFORD	STREET ADDRESS, CITY, STATE, ZIP CODE 1275 ROUTE 72 MANAHAWKIN, NJ 08050
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 935	<p>Continued From page 7</p> <p>2. Resident #2 was administered at 7:00 p.m., NJ Ex Order 26.4(b)(1), NJ Ex Order 26.4(b)(1), NJ Ex Order 26.4(b)(1), and NJ Ex Order 26.4(b)(1).</p> <p>3. Resident #3 was administered at 4:00 p.m. and/or 8:00 p.m., NJ Ex Order 26.4(b)(1), and NJ Ex Order 26.4(b)(1).</p> <p>4. Resident #5 was administered at 7:00 p.m., NJ Ex Order 26.4(b)(1), NJ Ex Order 26.4(b)(1), NJ Ex Order 26.4(b)(1), NJ Ex Order 26.4(b)(1), NJ Ex Order 26.4(b)(1), and NJ Ex Order 26.4(b)(1).</p> <p>5. Resident #6 was administered at 7:00 p.m. and/or 8:00 p.m., NJ Ex Order 26.4(b)(1), NJ Ex Order 26.4(b)(1), NJ Ex Order 26.4(b)(1), NJ Ex Order 26.4(b)(1), NJ Ex Order 26.4(b)(1), NJ Ex Order 26.4(b)(1), NJ Ex Order 26.4(b)(1), and NJ Ex Order 26.4(b)(1).</p> <p>6. Resident #7 was administered at 7:00 p.m., NJ Ex Order 26.4(b)(1), NJ Ex Order 26.4(b)(1), and NJ Ex Order 26.4(b)(1).</p> <p>7. Resident #8 was administered at 8:00 p.m. and/or 9:00 p.m., NJ Ex Order 26.4(b)(1), NJ Ex Order 26.4(b)(1), NJ Ex Order 26.4(b)(1), and NJ Ex Order 26.4(b)(1).</p>	A 935		

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 65a002	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/13/2022
--	---	---	--

NAME OF PROVIDER OR SUPPLIER THE RESIDENCE AT STAFFORD	STREET ADDRESS, CITY, STATE, ZIP CODE 1275 ROUTE 72 MANAHAWKIN, NJ 08050
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 935	<p>Continued From page 8</p> <p>NJ Ex Order 26.4(b)(1)), and NJ Ex Order 26.4(b)(1)).</p> <p>8. Resident #9 was administered at 5:00 p.m. and/or 6:00 p.m., NJ Ex Order 26.4(b)(1)), NJ Ex Order 26.4(b)(1)), NJ Ex Order 26.4(b)(1)), and NJ Ex Order 26.4(b)(1)).</p> <p>9. Resident #10 was administered at 6:00 p.m., NJ Ex Order 26.4(b)(1)), NJ Ex Order 26.4(b)(1)), NJ Ex Order 26.4(b)(1)), and NJ Ex Order 26.4(b)(1)).</p> <p>10. Resident #11 was administered at 8:00 p.m. and/or 8:05 p.m., NJ Ex Order 26.4(b)(1)), NJ Ex Order 26.4(b)(1)), NJ Ex Order 26.4(b)(1)), and NJ Ex Order 26.4(b)(1)).</p> <p>11. Resident #12 was administered at 7:00 p.m. and/or 8:00 p.m., NJ Ex Order 26.4(b)(1)), NJ Ex Order 26.4(b)(1)), NJ Ex Order 26.4(b)(1)), and NJ Ex Order 26.4(b)(1)).</p> <p>12. Resident #13 was administered at 8:00 p.m., NJ Ex Order 26.4(b)(1)), NJ Ex Order 26.4(b)(1)), NJ Ex Order 26.4(b)(1)), and NJ Ex Order 26.4(b)(1)).</p> <p>13. Resident #14 was administered at 8:00 p.m., NJ Ex Order 26.4(b)(1)), NJ Ex Order 26.4(b)(1)), NJ Ex Order 26.4(b)(1)), NJ Ex Order 26.4(b)(1)), NJ Ex Order 26.4(b)(1)), NJ Ex Order 26.4(b)(1)), NJ Ex Order 26.4(b)(1)), and NJ Ex Order 26.4(b)(1)).</p>	A 935		

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 65a002	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/13/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER THE RESIDENCE AT STAFFORD	STREET ADDRESS, CITY, STATE, ZIP CODE 1275 ROUTE 72 MANAHAWKIN, NJ 08050
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
--------------------	--	---------------	---	--------------------

A 935	<p>Continued From page 9</p> <p>14. Resident #15 was administered at 7:00 p.m., NJ Ex Order 26.4(b)(1), NJ Ex Order 26.4(b)(1), NJ Ex Order 26.4(b)(1), NJ Ex Order 26.4(b)(1), NJ Ex Order 26.4(b)(1), and NJ Ex Order 26.4(b)(1).</p> <p>15. Resident #16 was administered at 7:47 p.m., NJ Ex Order 26.4(b)(1) tablet orally for NJ Ex Order 26.4(b)(1) as needed, every six hours. Also administered at 7:47 p.m., was NJ Ex Order 26.4(b)(1) as needed for NJ Ex Order 26.4(b)(1) four times a day.</p> <p>The surveyors observed that the former ED initialed and documented on Resident #16's EMAR that on NJ Ex Order 26.4(b)(1) at 7:47 p.m., she administered NJ Ex Order 26.4(b)(1) to Resident #16 for NJ Ex Order 26.4(b)(1) at NJ Ex Order 26.4(b)(1) on NJ Ex Order 26.4(b)(1). The NJ Ex Order 26.4(b)(1) was greater than the NJ Ex Order 26.4(b)(1) for which the NJ Ex Order 26.4(b)(1) was prescribed. This NJ Ex Order 26.4(b)(1) required that the prescriber be notified that Resident #16's NJ Ex Order 26.4(b)(1) was greater than NJ Ex Order 26.4(b)(1) and an intervention was needed.</p> <p>On 1/12/22 at 1:00 p.m., Surveyor #1 interviewed the Director of Nursing (DON) who stated that the facility used Nurses and Certified Medication Aides to administer medications to residents. Surveyor #1 then inquired if the DON was aware that the former ED administered medications to residents. The DON stated that she was recently made aware that the former ED administered medications, but was not sure of the date.</p> <p>On 1/12/22 at 1:45 p.m., Surveyor #1 interviewed the Regional Director of Operations (RDO) regarding the medications that were administered</p>	A 935		
-------	--	-------	--	--

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 65a002	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/13/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER THE RESIDENCE AT STAFFORD	STREET ADDRESS, CITY, STATE, ZIP CODE 1275 ROUTE 72 MANAHAWKIN, NJ 08050
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 935	<p>Continued From page 10</p> <p>by the former ED. The RDO stated that the former ED was not qualified to administer medications, and that the former ED held a Certified Assistant Living Administrator (CALA) certification.</p> <p>On 1/12/22 at 2:00 p.m., Surveyor #1 interviewed the staff member, who was a Graduate Practical Nurse (GPN) on [redacted] and was present when the former ED administered medications to the residents. He stated that he received training to be a Licensed Practical Nurse, but had not yet received his license at the time of the medication administration on [redacted]. The then GPN further stated that the facility was short staffed on [redacted] during the 2-10 p.m., shift and the former ED requested that he perform the medication pass. He stated that he refused to do the medication pass since he was not yet licensed. However, he stated that the former ED accessed the EMAR and administered medications to the residents on the [redacted] floor of the facility while he read off the medications.</p> <p>On 1/12/22 at 2:10 p.m., Surveyor #1 reviewed the former ED's employee file and observed a CALA license, however, the surveyor did not observe any other certifications, licenses or training which authorized the CALA to administer medications.</p> <p>On 1/13/22 at 1:20 p.m., Surveyor #1, Surveyor #2, and Surveyor #3 conducted a telephone interview with the former ED. The former ED stated that on [redacted] the facility was short staffed, and that she used her code to access the residents EMARs. She further stated that she watched the GPN as he administered medications, however, she signed the EMARs as if she administered the medications. The</p>	A 935		

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 65a002	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/13/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER THE RESIDENCE AT STAFFORD	STREET ADDRESS, CITY, STATE, ZIP CODE 1275 ROUTE 72 MANAHAWKIN, NJ 08050
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 935	<p>Continued From page 11</p> <p>surveyors inquired of the former ED if she was qualified to supervise a medication administration or administer medications. The former ED stated that she was not qualified to supervise or administer medication administration as a CALA.</p> <p>On 1/12/22 at 2:00 p.m., the surveyors reviewed the facility policy and procedure titled, "Staff Training" and observed in the policy section, "All staff who will be performing health-related tasks shall receive training and supervision from the RN/Nurse following established procedures... Procedure 1. Medication Assistance Training. Staff members who assist with medications must be trained by the RN/Nurse/MT on medication assistance procedures, with the RN/Nurse delegating the responsibility for the administration of medications to designated staff members."</p>	A 935		



A 511 8:36-5.5 General requirements

1. The Residence at Stafford Policy will reflect reporting to outside agencies as per NJ Regulations. Residents #1-#16 **NJ Ex Order 26.4(b)(1)**
2. All residents had the potential to be affected.
3. All department managers will be in-serviced on what to report to NJ DOH and All incidents will be reviewed with Executive director & one manager to ensure proper reporting for all future incidents.
4. Executive Director or designee will monitor during monthly QA meetings.
5. Date of completion will be March 17 2022.

A 536 8:36 -5.10 General requirements

1. All associates administering medications shall be certified medication aides, Licensed practical nurses or Registered Nurses. Residents #1-#16 **NJ Ex Order 26.4(b)(1)**.
2. All residents had the potential to be affected.
3. Director of nursing , assistant director of nursing and all department managers will be in-serviced that only Certified medication aides, Licensed practical nurses & Registered nurses may administer medications and Only Certified medication aides, Licensed practical nurses & Registered nurses will be given logons to Electronic medical records computer system. Management will audit logons to ensure only appropriate associates have the logons. Executive director will not have login to electronic medication records system.
4. Executive Director or designee will monitor during monthly QA meetings
5. Date of completion will be March 17 2022.

A 935 8:36 – 11.4 (b) Pharmaceutical services

1. All associate files will be audited for signed job descriptions, if any are missing will review with associate and obtain signature. Residents 1-16 **NJ Ex Order 26.4(b)(1)**
2. All residents had the potential to be affected.
3. All department heads will be in-serviced to ensure their associates act within their job descriptions and Executive director, Business office director & or Department heads will review associates files prior to associate starting their assignment.
4. Executive director & business office director & department heads will audit files for job descriptions upon hire and yearly.
5. Date of completion will be March 17 2022.

Thank You,

NJ Ex Order 26.4(b)(1)

NJ Ex Order 26.4(b)(1) Executive Director