STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315274	A. BUILDING _____ B. WING _____	C 04/06/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPLETE CARE AT LAURELTON, LLC	**475 JACK MARTIN BLVD BRICK, NJ 08724**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS COMPLAINT # NJ 144305 CENSUS: 98 SAMPLE SIZE: 8 THE FACILITY IS NOT IN SUBSTANTIAL COMPLIANCE WITH THE REQUIREMENTS OF 42 CFR PART 483, SUBPART B, FOR LONG TERM CARE FACILITIES BASED ON THIS COMPLAINT VISIT. During a complaint survey conducted on 4/5/2021 and 4/6/2021, it was determined that effective 4/5/2021, the facility was found to have been in an Immediate Jeopardy (IJ) for F761. The New Jersey Department of Health gave a Notice Of Determination of the Immediate Jeopardy (IJ) to the Facility Administrator on 4/5/2021 at 4:22 p.m., including the IJ template. The Facility failed to ensure that medications which could cause significant harm if ingested were stored/secured and inaccessible to cognitively impaired residents living on the dementia unit. The IJ was identified on 4/5/2021 at 4:22 p.m., when the Administrator (Admin) and the Director of Nursing (DON) were notified of the IJ situation and were provided the IJ template. The IJ ran from 4/5/2021 at 10:58 a.m., to 4/5/2021 at 5:23	F 000		

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

Electronically Signed | 04/14/2021

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F 000	Continued From page 1 p.m., when the Facility provided an acceptable Removal Plan which included in-servicing of the staff on Medication Storage, which removed the Immediacy.	F 000		
F 761 SS=J	Label/Store Drugs and Biologicals CFR(s): 483.45(g)(h)(1)(2) §483.45(g) Labeling of Drugs and Biologicals Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable. §483.45(h) Storage of Drugs and Biologicals §483.45(h)(1) In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys. §483.45(h)(2) The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected. This REQUIREMENT is not met as evidenced by: COMPLAINT # NJ 144305	F 761	Preparation and/or execution of this Plan of Correction does not constitute admission or agreement by the Provider of the truth of the facts alleged or conclusion set forth in the Statement of Deficiencies. This Plan of Correction is	4/16/21

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F 761	Continued From page 2 Based on observations, interviews, review of Medical Records (MR), and review of other pertinent facility documentation on 4/5/2021 and 4/6/2021, it was determined that the facility staff failed to ensure that medications which could cause significant harm if [redacted] were [redacted] to [redacted] residents living on the [redacted] unit. On 4/5/2021 at 10:58 a.m., three medication bingo-cards containing a total of [redacted] pills, [redacted] tablets, and [redacted] capsules, were observed on the [redacted] unit nursing station desk unsecured and without staff within the line of sight of the medications. Three ambulatory residents were observed in the hallway within 20 feet of the nursing station, and four residents in wheelchairs were observed in front of the nursing station without any staff member observed within the line of sight of the medications. The Facility also failed to follow their Policies titled, "Administering Medications," "Accepting Delivery of Medications," and "Storage of Medications," for 2 of 8 residents (Resident #7, and Resident #8) sampled. This placed all residents with [redacted] impairment who were living on the [redacted] unit in an Immediate Jeopardy (IJ) situation. The IJ was identified on 4/5/2021 at 4:22 p.m., when the Administrator (Admin) and the Director of Nursing (DON) were notified of the IJ situation and were provided the IJ template. The IJ ran from 4/5/2021 at 10:58 a.m., to 4/5/2021 at 5:23 p.m., when the Facility provided an acceptable Removal Plan which included in-servicing of the staff on Medication Storage, which removed the Immediacy. This deficient practice is evidenced by the following:	F 761	submitted to meet requirements established by State and Federal Law" F761: SCOPE and SEVERITY = "J" CFR(s): 483.45(g)(h)(1)(2): Label/Store Drugs and Biologicals CORRECTIVE ACTION S ACCOMPLISHED FOR RESIDENTS FOUND TO HAVE BEEN AFFECTED BY THE DEFICIENT PRACTICE: ¿ No residents were directly affected by the deficient practice. ¿ Involved Nursing Staff were immediately counseled and re-educated on the facility's protocol re: Proper Storage of Drugs upon delivery by the Pharmacy Vendor. Emphasis was made on ensuring that medications are stored/secured and inaccessible to cognitively impaired residents living in the [redacted] Unit. IDENTIFICATION OF RESIDENTS WHO HAVE THE POTENTIAL TO BE AFFECTED BY THE SAME DEFICIENT PRACTICE ¿ All residents in the [redacted] Unit have the potential to be affected by this deficient practice. MEASURES PUT INTO PLACE OR SYSTEMIC CHANGES TO ENSURE THAT THE DEFICIENT PRACTICE WILL NOT RECUR: ¿ All facility nurses were re-educated on facility's policy re: "Accepting Delivery of Medications and Proper Storage of Medications." Emphasis was made on	

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F 761	Continued From page 3 1. According to the Admission Record (AR), Resident #7 who lived on Unit [redacted] after being admitted to the facility on [redacted], with diagnoses which included but were not limited to: [redacted]. Review of the Minimum Data Set (MDS), an assessment tool dated [redacted], Resident #7 had a Brief Interview of Mental Status (BIMS) score of [redacted] which indicated the resident had severe cognitive impairment. The MDS also revealed that Resident #7 required extensive assistance for Activities of Daily Living (ADLs). According to the Physician Order Sheet (POS), dated [redacted], Resident #7's Physician ordered [redacted] tablet Extended Release 24-hour, [redacted] mg (milligram) ([redacted]) give 1 tablet by mouth one time a day related to [redacted] ordered on [redacted]. 2. According to the Admission Record (AR), Resident #8 lived on Unit [redacted] after being admitted to the facility on [redacted], with diagnoses which included but were not limited to: [redacted] Resident #8 was discharged on [redacted]. Review of the Minimum Data Set (MDS), an assessment tool dated [redacted], Resident #8 had a Brief Interview of Mental Status (BIMS) score of [redacted] which indicated the resident was [redacted]. The MDS also revealed that Resident #8 required extensive assistance for Activities of Daily Living (ADLs).	F 761	ensuring that medications are stored/secured and inaccessible to cognitively impaired residents living in the dementia unit. Education will be ongoing for all new hires. MONITORING OF CORRECTIVE ACTIONS: ¿ The Unit Manager/Nursing Supervisor or Designee will conduct Medication Storage Observation Audits per unit 3x a week for 4 weeks; then monthly x 3 months. Audit Findings will be reviewed at the Monthly QAPI Meeting and reported at the Quarterly Quality Assurance Meeting. The QAPI Committee will determine the need for further audits and or action plans on a quarterly basis. DATE OF COMPLETION: APRIL 16, 2021	

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F 761	Continued From page 4 According to the Physician Order Sheet (POS), dated [redacted], Resident #8's Physician ordered [redacted] mg, give one capsule by mouth every [redacted] hours for [redacted] related to [redacted] Following [redacted] with an order date of [redacted]. During a Facility tour on the [redacted] Unit on 4/5/2021 at 10:58 a.m., the surveyor observed a nurse passing medications from the medication cart in the hallway. Observed at the nursing station on the desk were 3 unsecured bingo-cards of medications. One bingo-card was labeled [redacted] mg, [redacted] tablets were observed and the bingo-card was identified/labeled as Resident #7's medication. The 2 other bingo-cards were labeled [redacted] mg, [redacted] capsules were observed and the bingo-cards were identified/labeled as Resident #8's medication. During the observation on 4/5/2021 at 10:58 a.m., of the unsecured medication at the nursing station desk four residents were observed sitting in wheelchairs in front of the nursing station and 3 residents were standing in the hallway within 20 feet from the nursing station and were independent ambulators. The nurse on the unit was not within eyesight of the medication bingo-cards and no other staff members were observed on the unit at the time the medication was observed as unsecured. During an interview on 4/5/2021 at 10:58 a.m., the Licensed Practical Nurse (LPN#1) reported that the medications were on the counter because she had received the medications from the night nurse that morning. The medications came from the pharmacy in a bag that morning at the start of her shift. "They have been there all	F 761		

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F 761	Continued From page 5	F 761		

morning" on the counter and were put there by the night nurse. LPN #1 reported that the night nurse told her the medications needed to go to Unit [redacted], however, the LPN was not sure why the night nurse did not take them to Unit [redacted] when she left.

When questioned further LPN #1 stated that she did not deliver the medications to the other unit since she had been the only nurse on the unit that day. When asked if she called anyone to come pick up the medications she stated "no" and agreed it was an option. LPN #1 also agreed that medication left out is a safety issue, therefore, she should have locked the medications in the medication cart and not left them unsecured on the counter and within reach of residents, especially on the [redacted] Unit.

On 4/5/2021 at 11:03 a.m., prior to the surveyors leaving the [redacted] Unit, LPN#1 was observed locking up the 3 bingo-cards on the medication cart.

During an interview on 4/5/2021 at 2:44 p.m., the DON reported that the pharmacy delivers medications 2 times per day, at 4:00 p.m. and 11:00 p.m. The Supervisor accepts the medication delivery in the front vestibule and signs for them. It is the Supervisor's responsibility to check that each medication delivered is correct prior to signing for them. The Supervisor then gives the medication bag to the unit nurse who should in turn check the medications and the names of the residents on the medication to verify that the resident is on their unit. If the resident is not on that unit, the Supervisor is responsible to take that medication to the proper unit.

The DON agreed that medications left out within

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F 761	Continued From page 6	F 761		

residents' reach is a safety issue especially on the [redacted] Unit and the error occurred because the Supervisor failed to verify the medications and verify that the resident's were on the [redacted] Unit. In addition, the DON reported that the LPN should have secured the medications in the medication room for storage until she could take the medications to Unit [redacted]

According to the DON, the [redacted] Unit on [redacted], had [redacted] residents, [redacted] were able to ambulate independently and [redacted] were able to self-propel in their wheelchairs.

Review of the Facility document titled "Packing Slip Proof of Delivery," verified that the [redacted] mg, [redacted] tablets for Resident #7 and [redacted] mg, [redacted] capsules for Resident #8 were delivered to the Facility on [redacted] at 5:21 a.m., and was signed for by the Nurse.

During an interview on 4/6/2021 at 8:00 a.m., the Unit Manager (UM) reported that she was recently in-serviced on delivery and storage of medications and was found to be knowledgeable about the proper handling and securing of medications.

During an interview on 4/6/2021 at 10:15 a.m., the Licensed Practical Nurse (LPN#2) reported that she was recently in-serviced on delivery and storage of medications and was found to be knowledgeable about the proper handling and securing of medications.

On 4/6/2021, a tour was completed to verify that medications were secured properly and not within reach of residents on the [redacted] Unit and the Facility was found to be compliant.

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F 761	Continued From page 7	F 761		

According to the Facility policy titled "Administering Medications," dated 10/2019, under "Policy Statement;" Medications shall be administered in a safe and timely manner, and as prescribed. Under "Policy and Interpretation and Implementation;" section 16, ...No medications are kept on top of the cart.

According to the Facility policy titled "Accepting Delivery of Medications," dated 10/2020, under "Policy Statement;" section 1. All staff shall follow a consistent procedure in accepting medications. Under Policy Interpretation and Implementation: section 1. A nurse shall personally accept each medication delivery.

According to the Facility policy titled "Storage of Medications," updated 4/05/21, under Policy Heading: The facility stores all drugs and biological's in a safe, secure, and orderly manner. Under Policy Interpretation and Implementation: section 1. Drugs and illogical used in the facility are stored in locked compartments under proper temperature, light, and humidly controls. Section 3. The nursing staff is responsible for maintaining medication storage and preparation areas in a clean, safe, and sanitary manner.

The IJ was identified on 4/5/2021 at 4:22 p.m., when the administrator (Admin) and the Director of Nursing (DON) were notified of the IJ situation and were provided the IJ template. The IJ ran from 4/5/2021 at 10:58 a.m., to 4/5/2021 at 5:23 p.m., when the Facility provided an acceptable Removal Plan which included in-servicing of the staff on Medication Storage, and disciplinary action to the nursing staff involved which, removed the Immediacy. The implementation of the Removal Plan was verified 4/06/21, on the

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F 761	Continued From page 8 second day of survey. This deficiency continues at a D level. N.J.A.C. 8:39-29.4(h)	F 761		